Alfred Adler

PROBLEMS of NEUROSIS

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PROBLEMS OF NEUROSIS

ALFRED ADLER

PROBLEMS OF NEUROSIS

With a Prefatory Essay by

F. G. CROOKSHANK, M.D., F.R.C.P.

Edited by

PHILIPPE MAIRET

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CONTENTS

PAGE

PREFACE by F. G. Crookshank, M.D. 3

CHAPTER I 41

The concealment of the feelings of inferiority—Anxiety neurosis—The theory of heredity—Dream of anxiety neurotic—The style of life—Suicidal impulse—Organic effects of neurotic tension—A compulsion-neurosis—Critical point in the development of neurosis—The dream as a rehearsal

CHAPTER II 61

Schizophrenia and its preparation—The three problems of life—The function of the mother—Psychosis—Melancholia—Feelings of guilt—Indirect treatment of melancholia—Manic-depressive insanity

CHAPTER III 73

The psychological standpoint—Character—Social feeling and the mother—Inferiority—Organically defective children—Spoiled and hated children—Unsocial types—Guilt as a form of superiority—The art of the psychotherapist—The masculine protest

CHAPTER IV 93

The prototype in love and marriage—Love and social feeling—Evasions of love—Drunkenness in marriage—Drug habits and their treatment—Neurotic striving to get married—Anger and headaches—Aversion to bearing children—Love and the life-goal

CHAPTER V 113

Organic symptoms—Vomiting—Fainting—Stuttering—Left-handedness—Imperfect sight—Compensatory activities—The sexual rôle—Sex equality—Masculine protest

8213

PAGE

—"Prophet" fantasies in neurotics—First methods of treatment—Verification of diagnosis—"Transference" to the psychologist—True understanding of a neurosis—Drunkenness—Patients who need supervision—Criterion of the value of action—The value of social feeling—Neurosis as the weapon of the weak—Case of suicidal impulse

CHAPTER VI 136

Depression as a superiority-device—Guilt complexes—The begging style of life—Polygamous desires—Another case of begging—The emotions in neurosis—Agoraphobia—A development towards homosexuality—Air-swallowing (aerophagia)

CHAPTER VII 151

The psychology of family position—The first child—Its dethronement—A second child unable to overtake the first—The eldest a conservative—The second child—A second child's neurosis—Second child a revolutionary—The youngest child—Youngest child a conquerer in myth and folk-lore—A spoiled youngest child with imaginary cancer—The only child—Its educational problem—Development of homosexuality—Self-perversion—Disastrous cases—Influence of other factors in home environment—Effect of superstitions or fanatical ideas

CHAPTER VIII 179

Early recollections and their significance—Recollection of a visual type—Recollections of movement—Of danger—Case of erythrophobia

CHAPTER IX 187

The highest goals—Goals in insanity and crime—In perversion—The masochistic attitude—Irritating behavior—The goal in day-dreams—Day-dreams of vicarious satisfaction—Case of suicide—Red hair as inferiority—Heart-trouble and aerophagia—Masculine protest and marriage with a relative—Jealousy and superiority—Case of jealous hallucinations—Unconscious jealousy—Case of syphilophobia—Preparation for the sexual rôle—Homosexual tendency—Masochistic tendency the reverse of submissive

PAGE

CHAPTER X 207

The fear of death: in children: its true compensations—Desire to become a physician—Religious compensations—Choice of occupations in general—Vocational guidance—Goal of the working life—Fantastic choices—Bodily postures in waking and sleeping—All postures are purposive

CHAPTER XI 218

Cases in which treatment is resisted—Anxiety-neurosis—Compulsion-neurosis—Organ jargon—Dialect of the sexual organs—Free sex relations as revenge—Resistance to marriage expressed by dream: by melancholy—Relation of sleeping to waking—Hypnotism—Limitations of hypnotic treatment—Dream-interpretation—Absence of dreams—Dream expressing conflict in marriage—Self-deception of dreams also observable in waking life

INDEX 238

PROBLEMS OF NEUROSIS

Preface

PREFACE

by F. G. Crookshank

Individual Psychology: A Retrospect and a Valuation

THE science of Individual Psychology teaches us that the *leit-motif* of all neurosis and conflict is a sense of discouragement and inferiority. But the keynote of the practice of Individual Psychology is that "benevolent comradeship" which Adler tells us should characterize the attitude of the physician towards his patient.

The sincerity of this utterance, and its full significance, can hardly be better known than by the Pupil, who has been asked, by the Teacher, to write some foreword to the latter's own work. Perhaps in such case the Pupil may be thought to fulfil his duty best in attempting to set out something he has learned, which others may wish to know.

I

INDIVIDUAL PSYCHOLOGY AND GENERAL MEDICINE

We are, of course, living in an age of paradox, for, as thinking people have always found, without paradox there is no comprehensive view of life. The expla-

nation, like that of most paradoxes, even the most strange, is very simple. Reality is not that which is flashed instantaneously on the screen of experience as the film of events slips by the slot, but the mentally continuous picture of that which was, of that which now is, and of that which, coming, will presently be past. Only those who see the *now* as the very knife-edge separating the *future* from the *past* are aware of things as they really are. That is why, in the philosophy of medicine, true diagnosis—in Galen's phrase, "the thorough understanding of things present"—comprehends and implies the right understanding of etiology (or what has been) and of prognosis (or what will be). But academies, whether of art, of literature, or of science, vainly attempt to fix, to crystallize, not merely that which flows, but that which is of the very essence of being—the flux, or change itself. And academies of medicine form no exception to the rule.

It has been said recently by Biot, of Lyon, that there are only two orthodox schools of medical thought —the necrological and the veterinary! Of these, the first, which we may call the post-mortem, or mortuary school, is now a little *démodé*. It arose first in France more than a century and a quarter ago, and owed its juvenile activity to the opportunities afforded by war and the guillotine during the age of Reason and Liberty. It was fostered in France by Laënnec and his pupils, including Andral, in spite of the jeers of Broussais; in England, a little later, several London hospitals became, as it were, chapels-of-ease for the

propagation of the new and lugubrious creed, being directed to this end by several eminent necrologists whose names we still commemorate in the "diseases" that they invented.

Medicine everywhere ambles a generation in the rear of the philosophic *Zeitgeist*, though in France the "lag" is less evident, and less pronounced, than in England. This mortuary school of medicine, whose devotees are not yet extinct, corresponds philosophically and logically, to the eighteenth-century funerary school of art, religion and thought; to the era of cypresses, willows, wreaths, vaults, sermons, "Night Thoughts" and "Méditations sur la mort."

But, just as to the divines of the urn and cypress period life was a mere preparation for death, so to the doctors of the mortuary school disease was, and is, a mere prelude to the diagnostic autopsy, and therapeutic effort as discredited as the attempt to gain Heaven by good works. These doctors have always sought the living amongst the dead, and today reserve what they deem the stern reproach of "metaphysician" for him who considers the art of medicine to have concern with living, willing, feeling, and thinking individuals.

On the other hand, physicians of the veterinary or analogical school—the second of the two orthodoxies, and that most in present favor—though frankly hoping to explain life away in terms of some chemical or physical formula, do nevertheless admit the advisability of studying it in living objects. But, holding

all things "subjective," and therefore contemptible, that are not revealed at the scalpel's point or by the scratching of a needle on a smoked drum, they are not prepared to allow "what the patient says" to be heard in evidence. They will not allow that the making of a statement—whether true or false—by any patient is a datum at least as "objective" and as worthy of interpretation as the making of a noise—whether systolic or diastolic—by any heart! On the contrary, they choose to reason analogically from a rabbit or a rat rather than to observe directly at the bedside, or to discuss analytically in the consulting-room.

The foundation of this analogical or veterinary school—whereof the biochemical and physical sects represent the iatrochemical and iatromechanical physicians of the seventeenth and eighteenth centuries—is, by surgeons, generally credited to the immortal John Hunter who (they say) taught his pupils not to *think,* but to *try.* Certainly none will be eager to assert that the first part of the injunction has not been sufficiently obeyed!

Physicians, however, somewhat unfairly ascribe the achievement to the no less, but sooner immortal William Harvey. Perhaps they are, after all, not entirely wrong, for there is something more deadly than malice in the shafted epigram of Harvey's greater contemporary, Sir Thomas Browne, that "a Man may come unto the *Pericardium,* but not unto the Heart of Truth."

But so it is and, during the dithyrambic outpouring of ceremonial oratory which recently celebrated the tercentenary of the "De Motu Cordis," not even the most enthusiastic of Harvey's panegyrists dared claim that, as a result of Harvey's triumph and the subsequent work of the veterinary and analogical school, one single step has been made in the understanding and cure of "functional" disorders of the heart in the three hundred years since the discovery of the circulation of the blood.

Indeed, not one speaker made allusion, even for one moment, to the "new methods," thanks to which the cardiac neuroses—sources of a volume of suffering and wastage far greater than that due to the so-called "organic" heart diseases—are now, after centuries of neglect since Harvey's time, more certainly amenable to treatment than are fibrillation, heart-block, and flutter!

The fact is that this great therapeutic advance has been "unofficial," and is therefore unheeded by those Bourbons of analogical medicine who, careless of the Introduction to the "De Generatione," have praised the imaginary "casting off the trammels of Aristotle" by Harvey, and have riveted the more firmly on their own shrunk shanks the rusty fetters of pre-Socratic materialism and early scholastic realism. Yet it is not in the treatment of the cardiac neuroses only that such successes have to be recorded. Very many are now quickly eased of their own and their friends' tor-

tures, who, a few years ago, would have been subjected, as some still are, to a surgical game of musical chairs until, in the end, organ after organ having been removed *seriatim,* the neurosis would have been left, *solus,* like the grin of the Cheshire cat.

These almost unannounced, unacknowledged, and unappreciated triumphs in a field from which psychiatrists are still excluded by the orthodox (as concerned only with "diseases of the mind") are due to the work of a third and oncoming psychological school, which refuses to confine its efforts to the specialist domain of the psychoses and is pursuing with active and increasing success the treatment of the neuroses and of many maladies deemed "organic" by the Old Guard.

The rapid advance made by this psychological school of medical thought—of which, truly, there are several sects—allows us now to envisage definitely that complete, real, or human medicine which, occupied with the study of the individual-in-the-community, and neither basing its theory and practice upon the exclusive study of corpses in the mortuary or barnyard denizens in the laboratory, nor turning the back upon what has been learned by those who have seen the part of things rather than the whole, will gather up and synthesize all that is best in the medicine of the past, as of the present, and will incorporate what is of most value in that which the future brings to us.

In the immortal words of Baglivi, the mission of this medicine will be:

Novi veteribus opponendi, sed quoad fieri potest, perpetuo jungendi foedere.

Biot of Lyon has well said that human, as opposed to mortuary and veterinary medicine, must recognize that the healing art, in its application to the human race, *ne peut pas séparer matière et esprit,* and has to do with *l'homme tout entier.* It will affirm plainly the validity of the principle of "psychic determinism," not only for those maladies called psychical, but for those physical disorders called "functional," and, in increasing measure, for many of those now called "organic." Certes, it will not affirm the *exclusively* psychic determination of all forms of disorder, at all times for all persons. But it will oppose decisively the barbarous and ignorant dogma that every "disease" must have an "organic" basis, and it will refuse to admit the categorical distinctions between physical and psychical, functional and organic, as other than dubious expedients or conventions of temporary usefulness. Human medicine, in this sense, will not disdain the teachings of the deadhouse and the laboratory, of the test-tube and the fluorescent screen. It will welcome them as invaluable, so far as they are relevant. But it will declare frankly that those occupied *only* in the laboratory are not the best fitted to judge between the applications of medicine to human and to veterinary purposes, holding that even the natural history of disease is not to be learned so well in hospital as in the marketplace. For, again to quote Biot, the knowledge we gain

in hospital concerning the patient is *dépouillée de tout ce qui individualise en lui la maladie.*

So we must aim at the integration of all relevant data. It must be asserted and reasserted that in order to achieve a correct diagnosis we must bring into account not only reflexes and reactions, pulse-beats and pyrexias, but actions, feelings, thoughts, emotions, dreams, fears, and desires, declaring, with Sigaud, that disease is no "entity" that attacks us, but a dissociation of the functional unity of the individual. Human medicine will have diverse origins—for it will be synthetic; it will display diverse tendencies—for it will be living, tentative, and creative. But if we will, we may speak of it as Socratic, for *"Socrates* in *Plato,"* as Burton of the "Anatomy" quaintly said, "would prescribe no Physicke for *Charmides'* headache *till first he had eased his troublesome mind; body and soul must be cured together, as head and eyes."*

To this Socratic medicine perhaps the most important contribution in our time will prove to have been the Individual Psychology of Alfred Adler of Vienna, whose unceasing injunction is the Socratic "Know Thyself" and who (like Socrates by Masson-Oursel) has been compared by Mairet to Confucius, "in his realistic grasp of the social nature of the individual's problem and his inexorable demonstration of the unity of health and harmonious behavior."

Adler himself, with characteristic modesty and comradeship, would be the first to admit the extent to which even his work has been a presentation of con-

verging stream-lines of thought: his pupils must say no more than he would wish. But many of us are eager to acclaim the lucidity, insight, and power with which he has integrated what others have at most seen dimly, formlessly, and uselessly. There must be many more, to whom Individual Psychology is but a name, who will be helped to better work when they find how fruitful already has been the harvest in a field that they have longed to explore, but from which they have withdrawn, perhaps in dread of failure, and fearful, though jealous, of their own capabilities.

II

INDIVIDUAL PSYCHOLOGY AND ORGAN-INFERIORITIES

If we are to understand this Individual Psychology we must turn in retrospect to the year 1907 when Adler, then a neurological physician practicing in Vienna, gave to the world his "Studie über Minderwertigkeit von Organen," which was not translated until 1917, when it appeared in America as "Study of Organ Inferiority and its Psychical Compensation" (Nervous and Mental Disease Monograph Series, No. 24). The object of this essay (which is now practically unobtainable in its American, if not its German form) was said by Adler, in his Preface, to be the giving of a new method, or principle, to clinical medicine. "This work," he declared, "is to count as a beginning." He felt sure that he had opened up new and

fertile fields of research and "having observed human pathology in the making," he anticipated the imminent dissolution of our academic philosophy of disease.

But the Great War interposed an obstacle between the original publication of the book and its appreciation in our slowly moving medical circles, and this obstacle was hardly removed by the issue of the now inaccessible American version. Nevertheless, the "new principle" that it expounds is gradually permeating both theory and practice, and shaping the development of that Socratic medicine which shall have regard to the individual-in-the-community, rather than to the conventional concepts put forward as "entities" for study by students. It is a development of an approach which, in many of its aspects, was first taught by Hippocrates, the actual contemporary of the Athenian philosopher.

This "new principle," this doctrine, or notion, succinctly symbolized by the term "organ-inferiority," which has so changed and is still so changing the secular channels of medical thought, may be stated in the first place as the thesis that weaknesses of organs, tissues, and systems of organs and tissues (whether inherited, predestined, imposed during intra-uterine life, or acquired during early childhood) do account for disease, as defined by Sigaud (*vide supra*), without intervention of any extrinsic etiological factor.

Organ-inferiorities, as these weaknesses are called, are of many kinds, or grades. There are crude morphological inferiorities, of developmental origin (such

as the persistence of a foramen ovale or a defective interventricular septum) which carry with them obvious functional disabilities. There are also certain morphological inferiorities of developmental origin, of no obvious significance, such as the imperfect differentiation of the upper lobe of the right lung from the middle, which, however, carries with it, as I have shown, a definite liability to death from bronchopneumonia. There are such inferiorities as a movable kidney, or badly placed renal vessels, and the like; so often associated with albuminuria, with calculus, with hydronephrosis and with Dietl's crises. But again, although an inferiority—such as the persistence of sinus arrhythmia in adult life—may appear as a functional weakness only, yet post-morten examination will reveal that the peccant organ has been always small, or of an infantile or "unfinished" type.

So, too, sexual dysfunction of childish type is found to be associated often enough with such inferiorities of the sexual organs as phimosis, hydrocele, an infantile uterus, and the like.

Perhaps even more important are certain functional inferiorities recognized by Adler as "insufficiencies of effectiveness." Such are anomalies of excretion, secretion and growth, and simple tendencies to break down under normal stress. The "inborn errors of metabolism" to which Sir Archibald Garrod has devoted so much attention are striking familiar (and familial) "inferiorities" of this type.

Now it makes no undue demand upon our imagina-

tion to suppose that inferiorities of a less obvious kind must, in many instances, underlie what we have been accustomed to regard as symptomatic of "organic disease," and we have lately learned how probable it is that rheumatic endocarditis most frequently develops on a valve that is congenitally inferior. Some of these inferiorities in which, as almost always, morphological as well as functional elements are to be observed, are regarded by Adler as "relative"; these are only recognizable "under increased demands or following upon systematic tests."

But the recognition of the importance of organ-inferiorities in general is only a part of the "new principle." We are all familiar with the physiological doctrine of "compensation" which teaches us, for example, that if one kidney be removed, the other hypertrophies; and so on. Here we are concerned with vicarious action by one organ of a pair, in consequence of damage to the other. But sometimes we have to do with the compensation of an "inferior" organ—such as a kidney—by the overactivity of another—such as the heart—with which it is not "paired." Less commonly we recognize, as Adler pointed out, that not only are carcinomata apt to occur in "inferior organs," but their development may be preceded by years of functional disturbance, or even neurosis.

Now it was as a result of close observation, in the light of these and other preliminary generalizations, that Adler was led to formulate the *second* part of his "new principle," namely, the doctrine of the develop-

ment of the neuroses and psychoneuroses in connection with organ-inferiorities.

Full discussion of this "new principle" as a whole would necessarily traverse all that Adler has since written, and only the most imperfect outline can here be attempted. But it may be said that, according to Adler's teaching, the individual, confronted with his own "organ-inferiorities"—whether morphological or functional—has three courses of action open to him, in what is called the psychical, as well as in the physical sphere. It is in accordance with the choice made by the individual that the result for him is either (i) overcoming, success, or even the triumph of genius; (ii) neurosis, psychoneurosis, or psychosis itself; or (iii) disease, degeneration and decay. For body as for soul there is the *effort* that overcomes weakness and leads to strength; the hesitation and *compromise* that means evasion of difficulty and leads to neurosis; and the despairing *retreat* that entails frank disaster.

It was on arrival at this point in his "Study of Organ-Inferiority" that Adler left, for the moment, his analysis of the *psychic* compensations for physical inferiority while he elaborated his theory on the biological side, laying stress on the significance of cutaneous and other abnormalities as indicative of *segmental* inferiorities involving the viscera and predicating liability to visceral disease, and on such defects as *spina bifida occulta* as significant of imperfect organization of the central nervous system in cases of neurasthenia, enuresis, and the like. But he empha-

sized the psychical aspect of "compensation" by discussion of such classical instances as the stuttering Demosthenes, and by many others gleaned from his own case-book.

Although the whole theory of organ-inferiorities, both directly and by reason of its implications, was and is of the greatest importance to the philosophy of medicine, it is in the recognition, at this stage in the development of Individual Psychology, of the *psychical* reactions, compensations, and disturbances provoked by or connected with the organ-inferiorities, that we find the greatest value of the work of Adler in relation to the neurotic constitution and the treatment of the neuroses, psychoneuroses and psychoses.

As Dr. W. A. White, of Washington, well says, the distinctive feature of this part of Adler's work is that it constitutes an approach to the problem of the neurotic character from the standpoint of ordinary clinical medicine. It brings together in a common field—if I may say so—the proper doctor and the crystal-gazer as, in the irreverent days of the Great War, the soldiers used to call the clinician and the psychotherapist! It provides a Golden Bridge on which may meet (i) those who see, in the neuroses and psychoses, the effects upon the mind of bodily changes, and (ii) those who, in the same conditions, see *no* bodily changes other than those which are "imaginary" or the effects of mental alienation.

Above all, however, it constitutes a challenge, at one and the same time, to: (i) the physicians of the mor-

tuary and analogical schools who see in every patient either a candidate for autopsy or a merely physiological organism; (ii) those who, like the Freudians, hold "simultaneous organic and psychical treatment . . . inadvisable as a rule," and so limit, perhaps wisely, their own activities; and (iii) the ambiguous persons who, in any given case, consider the "diagnosis" to lie between "psychical" and "physical," or "organic" and "functional" alternatives, but never in a "combination of the two."

III

INDIVIDUAL PSYCHOLOGY AND THE FREUDIAN SYSTEM

Although in 1907, at the time that he wrote his "Study of Organ-Inferiorities," Adler was in full practice as a clinical neurologist, nevertheless, strange as it may sound in American ears, he was fully aware of the new trend introduced into psychology and psychological medicine by Freud in development of the position taken up by the latter in 1893, the date of his fruitful collaboration with Breuer, concerning which Rickman's recent authoritative and documented account (1929) should be considered.

It was only natural then that Adler, having realized the striking psychological implications of his own doctrine of psychical compensations for organ-inferiorities, should have "entered into close relations with Sigmund Freud and the then unimportant psycho-

analytical school," whose views, as Wexberg says, he "in part adopted, without however yielding his independence within the realm of psychoanalysis." His chief interest, naturally, lay in the application of his "new principle" to the study of psychopathology. He defined this as the making use of empirical observations to establish a "fictive standard of normality"—or yardstick, as Mr. Hoover would say—by which grades of individual deviation could be measured. Regarding pathological processes, in the organic or physical sphere, as the result of conflict under "compulsion of the struggle for existence," for the purpose of balance and adjustment between organism and environment, he proceeded to find, in neurosis and in the psychical sphere, a conflict for adjustment no less acute but in the presence of organ-inferiorities and under the compulsion of a "fictitious" personality-idea.

Of the acceptance by Adler of a great part of Freud's work and teaching in carrying this out, there can be no question. But a parting of the ways became inevitable and, in 1912, Adler retired from association with Freud, proposing to pursue further still the line of inquiry already opened up, and beginning to be known as Individual Psychology, in distinction from the orthodox Psychoanalysis of Freud and the then, as yet hardly developed, Analytical Psychology of Jung.

Freud himself, in "These Eventful Years," has said that "between 1911 and 1913, C. G. Jung, of Zurich, and Alfred Adler, of Vienna, caused a certain amount

of disturbance by their attempts to misinterpret the analytic facts," and that "the temporary success of their ventures can easily be explained by the readiness of the crowd to free itself from the pressure of the psychoanalytic demands by whatever roads might be open to them." But the "temporary success" continues, at any rate so far as Individual Psychology is concerned, and though, without doubt, to Freudians the explanation is as easy and acceptable as Freud says it is, it is by no means certain that, to those who are not Freudians, it seems as adequate as the Freudians could wish.

However this may be, some appreciation of the points of divergence between Individual Psychology and the Psychoanalysis of 1913 is necessary, if the present position of the former is to be understood.

For Psychoanalysis, the year 1913, according to Rickman, marks the approaching end of a first epoch, "characterized by a simplicity not found in later work," and during which "the psychoses were viewed from the aspect of *libido development*." Individual Psychology in 1913 was to a very large extent devoted to psychopathology and psychotherapy and in harmony with some, if not all, of the doctrines of Freud, to whose original work Adler would render all tribute. That Individual Psychology has developed since then is not to be disputed, for it is a living organ and not a doctrinal corpse and, as was said at the outset, only that which changes is permanent. Today, the term connotes something more: it stands for a psychology,

a pedagogy, and a movement characterized by Wexberg as affecting life very profoundly within its radius of activity and effecting reform in respect to individual, and *therefore* social, or communal life, without assumption of any political, economic, ethical, or moral doctrine.

Now the original claim of the Freudian system to acceptance was based upon the alleged validity of two theses, reckoned revolutionary thirty years ago, but nowadays, save by the die-hards of the mortuary and analogical schools, found little short of commonplace.

These twin theses are those of: (i) "psychic determinism," and (ii) the "explicability of all mental expressions." The evidence alleged in support of these was, and is, derived from the use of the Freudian technique in dream investigation, in free association, in respect to the "psychopathology of every-day life," and in the investigation of the neuroses. Speaking broadly, not only these twin theses, but the Freudian methods of investigation are frankly accepted by Adler—*pace* the "Report on Psychoanalysis" recently issued by the British Medical Association—although in the matter of psychotherapeutic technique there are specific differences, admirably described by Wexberg in his invaluable little manual of "Individual Psychological Treatment." However, as we have seen already, the Adlerian determination of psychic "compensations" by "organ-inferiorities" differs widely from the psychic determinations conceived by Freud; and Adler, whilst thoroughly in accord with the Freudian

doctrine of the explicability of all mental or psychical expressions "including those apparently independent of the will," came to seek—and to find—"*explanations* of mental expressions by no means in harmony with those given by Freud in terms of the instinct, the libido, and pan-sexualism."

It was for this reason that Adler dissociated from the Psychoanalytic Union. His objection to the doctrine that the libido is the motive force behind the phenomena of neurosis is the uncompromising one that, in each neurosis, there is a "guiding fiction," an unacknowledged goal or aim, as if expressed by the formula, "I want to be a complete man." The individual aim, or goal, then, is compliance with a "fictive standard" of superiority. The vagaries of the libido and of the sex-impulses are, in neurosis, secondary to this aim—comparable to Nietzsche's Will to Power or Will to Seem—at a completeness, a masculinity, a superiority, which, though the more desirable, is apparently the less attainable, by reason of the consciously or unconsciously recognized organ-inferiority.

It follows from this that, for those who accept Individual Psychology, Freud's notion of the sexual etiology of the neuroses and psychoses loses all claim to universal validity, and is automatically relegated to the subsidiary position of an expression of a special case that is better subsumed by a wide generalization more conveniently sheltering the whole of the relevant data.

Lastly, Adler formally rejected the so-called "in-

stinct-theory"—the assumption that the neurotic is invariably under the influence of infantile wishes that come nightly to the surface in dreams—in favor of the doctrine—implicit in the notions of will to superiority and compensation for defect—of the purpose-force, or life-goal, coloring and determining every detail of the psychic life.

In a sentence, Individual Psychology recognizes, in every psychical datum, the impress and the symbol of a consistently pursued life-plan which comes to be clearly evident in the neuroses and the psychoses.

It is not perhaps necessary here to enter into any discussion of the relation between the teachings of Jung (known as Analytical Psychology) and Individual Psychology, for, as a matter of historical fact, Jung parted company with the Psychoanalytic Union at a later date than did Adler.

But the libido of the facile and superficial student for a mnemonic may be satisfied if, after consulting the German dictionary, he cares to think of Freud's conception of psychic motivation in general as that of a reaching after joy, or ecstasy; of Jung's as that of a striving for the expression of what has been stored up, as myths, in the racial unconscious since the youth of mankind; and of Adler's "as if" the upsoaring ambition of the eagle.

But this is not all. For the Freudians, neurosis and psychosis are effects of frustrated motivation in the *past;* for the followers of Jung, they are due to frustration in the *present;* and for those who profess Indi-

vidual Psychology with Adler, they are "arrangements" and "compensations"—we might almost say, insurances—in fear of the failure to attain the *future* success that each neurotic feels is his due meed.

IV

INDIVIDUAL PSYCHOLOGY AND THE NEUROTIC CHARACTER

The definite divergences from the Freudian system here stated in sketchiest outline having been settled, Adler became free to turn his attention, in pragmatic fashion, to the development of his method in psychotherapy. To this end he devoted the years immediately following what a Scottish theologian would call "the disruption," to a necessary study of the neurotic constitution. During this period a series of papers was written dealing with the results obtained, and it is hoped that, in the not very distant future, these important contributions to the literature of Individual Psychology may become available for English readers, in a suitable form.

The importance to the student and to the practitioner of Individual Psychology, of obtaining a clear notion of the structure of the neurotic mind can hardly be overestimated; it is as necessary to the psychotherapist as is a knowledge of the anatomy of the brain and spinal cord to the clinical neurologist and surgeon.

But such a clear notion is no less necessary to the

sociologist who is interested in the teachings of Individual Psychology, and who desires to apply them to the healing of social and national neuroses and psychoses. For the structure of the mind of a social group, or a nation in neurosis, can only be comprehended properly after study of the mind of the neurotic individual: just as there is no right way of learning the structure of the aggregate of cells that we call the human body unless that of the constituent elements has first been examined.

While it does not fall within the scope of this essay to give an account, however inadequate, of the structure of the neurotic mind and its workings, some points at least may be mentioned, so that the orderly development of the science of Individual Psychology may be made clear.

Perhaps it should first be emphasized, as characteristic of Adler's good-fellowship with other workers, as well as of the unifying nature of his thought, that he himself has declared his own teachings in respect to the neurotic character to be but an extension of Janet's insistence on the *sentiment d'incomplétude* from which the neurotic individual cannot escape.

The perception of an organ-inferiority by its possessor is, of course, itself a *sentiment d'incomplétude,* but it was reserved for Adler to proceed much further and to show how the neurotic life is compounded of consequent evasions, arrangements, compromises, hesitations, "fraudulent devices," bogus insurances, and confidence tricks "put across" oneself, which give the

neurotic, if not the security and success for which he yearns, at any rate a feeling of security and of deserved, if unattained, success by means of which he safeguards himself against the loss in self-esteem that he fears almost more than failure itself; which compensate him for the victories he does not and will not gain; which enable him to glow with self-satisfaction and pride as he dreams of what he could have achieved had not illness, fate, and a froward world, as well as his own nobility of character and Christ-like altruism, conspired to deprive him of the palm, and leave him only the dust of the arena; and which, finally, serve as excuses for the deliberate refusal to grasp the prize so nearly and so often within his reach, just because he dreads the responsibility to the community entailed by the triumph that he prefers to dream of as having eluded him to his greater glory.

Let two examples of the working of the neurotic character be given: the one of it in its beginnings; the other when nearing final exhaustion and realized defeat.

A charming and cultivated woman, a life-long sufferer from migraine, told the writer recently that her earliest recollection was that of lying on the hearth-rug when aged about five, and praying to God to send her many such sick-headaches as that from which she was then suffering, for so, she said, "people will be always kind to me."

The other, and no less charming and cultivated woman, still suffering from constantly recurring mi-

graine at sixty, told me that her life had been entirely happy, but for "these dreadful headaches" that had cursed her since marriage. There was nothing else, she assured me, that she would wish altered. A quarter of an hour later, she told me that her husband—a man of position—had the "defects of his qualities." She added, with perfect simplicity: "But you know, when I have a headache, he is delightfully kind to me and I forget them."

In Adler's maturer work, published in England during 1924 under the title "The Practice and Theory of Individual Psychology," a series of papers, for the most part written during the war, is comprised. This important volume may be considered as of two parts. The first, occupying the earlier portion and of some fifty pages only, admirably resumes Adler's studies of the neurotic character (largely in an aphoristic form that renders it of the greatest value to all Individual Psychologists) and goes on to give practical injunctions for the conduct of the psychotherapy that is based on this anatomy and physiology of neurosis and psychosis.

These aphorisms should be ever present to the mind of the Individual Psychologist, and no physician, to whatever school he owes allegiance, has the right to ignore them! The compactness of the statement that, "every neurosis *can be understood* as an attempt to free oneself from a feeling of inferiority, to gain a feeling of superiority," is only equaled by its intrinsic forcefulness. The insight of the dictum that "the

neurotic automatically turns against allowing any community-feeling to develop," is obvious as soon as the words are read, and it is but a natural progression to come to believe that "the demonstration of illness and its contingent arrangements" by the neurotic are specifically necessary to him, in order that: (i) they may serve as excuses when life denies the longed-for triumphs; (ii) that all decisions may be postponed, and (iii) that what is gained may appear more nobly gained since gained *in spite of adversity.*

In these and other pregnant sentences the psychic mechanism of the neurotic and its functioning are displayed, and the path is made clear for the practice of a rational psychotherapy.

But, in the second, and by far the longer portion of "The Practice and Theory of Individual Psychology" we see how Adler proceeded, from statement of his theory of the neurotic character and his exposition of the consequent therapeutic method, to a refusal to "explain" phenomena otherwise than in relation to the setting with which they make up a unity. He proposed, formally, to consider Individual Psychology as "a defined science with a defined subject-matter, treating of phenomena as mutually related." So much being postulated, it clearly became necessary for him (in consequence of his recognition of the anticommunity feeling of the neurotic) to deal with the individual in relation to, and as part of, the family; with the family in relation to and as part of the social *milieu,* or community; and, ultimately, with communities in relation

to and as a part of mankind. In this integral way of dealing with the data, sociological investigation became inevitable. Inevitably, too, it became clear that social, and even national and international neuroses and conflicts, were explicable, or understandable, in the light of conclusions already reached concerning the "inferiority-sense" of individuals. In this way it is seen that, just as the neurosis of any individual appears to the doctor as an arrangement for the purpose of securing attainment of a fictive goal, and is understood by the psychological sociologist as an escape from compliance with the demands of the community, so the neurosis of a nation may be understood as, at one and the same time, an arrangement to secure superiority, and a turning away from the world-need for "benevolent comradeship." And this under guise of a love of peace as well as in the provocation of war!

The Individual Psychologist, indeed, sees little difference between, on the one hand, the attitude of a nation that withdraws from communion within the comity of nations, and defends itself by a network of prohibitions and inhibitions and, on the other, that of the schizophrene who disguises his lack of comradeship by withdrawal into the isolation of what he thinks his self, forgetting that, in so doing, in retiring from the endeavor to adjust inner relations to outer relations, he is suffering loss of his own personality and effecting dissociation of its unity!

So, in this volume, after a résumé of the doctrines of organ-inferiority, of compensation, and of neurotic

overcompensation, and of the life-goal, and after a discussion of the neurotic individual and *his* treatment of Individual Psychology—after all this, we find Adler discussing, not so much the individual himself, but—to make a terminological theft from high politics—the individual-in-the-community—as different from the individual as is the king-in-council from the king himself! And it is at this stage that the student of Individual Psychology, if he be a "general reader"—as not every medical man is—will begin to recognize the truly amazing extent to which Adler, in complete independence of thought, has reached conclusions already formulated by the acutest intellects of all ages and has incorporated harmoniously, in a defined, yet plastic and accreting synthesis, that is organized but expansile, and consistent though protean, much of what is best in ancient and modern thought. The recent influence of Nietzsche and of Darwin is already evident to the readers of this sketch. Not less evident is the utilization of the biological thought of Goethe; and Adler himself has somewhere spoken of the eagerness with which, not so very long ago, he welcomed acquaintance with the philosophy of "as if," expounded by Vaihinger in our time, but in long line of descent, through Bentham, Hume, Locke and Hobbes, from William of Ockham, the little Surrey choirboy and the greatest of English philosophers. But then we remember that William of Ockham died expatriate in Germany, leaving, through Martin Luther and many others, his mark on German thought and action; and

we Englishmen justifiably feel a little proud of the double connection that links his conceptualism with that of Alfred Adler, manifest in almost every line the latter has written. We may now appreciate the full implication of the phrasing when Adler says that, "every neurosis *can be* understood AS IF an attempt to free oneself from a feeling of inferiority," of being the "under-dog," in some relation of life. It is this feeling AS IF the under-dog which Adler, in his discussion of neurosis in women, finds reflected in every case.

It is the allied and consequent horror of the *supposed* feminine rôle and the shirking of the tasks of wife and mother that, in Adler's view, are "shaking our civilization to its foundations." And so, all through his consideration of the effect of this "masculine protest," the talks on demoralized children, pedagogy, prostitution and homosexuality, we follow the workings of Adler's mind towards the problems raised by the study of the neuroses, not merely from the standpoint of the physician concerned with the patient in the isolation of the clinic, but from that of the physician-in-the-community-and-of-the-community who is concerned with the prevention of social discontent and conflict, and who has a vision of harmonious relations between individuals-in-the-community—aye, and between communities-in-the-world—on the noncompetitive basis of "benevolent comradeship," with avoidance of discouragements and disparagements as the "onlie begetters" of jealousies, aims at conquest, and protests

against fancied grievances in the effort to justify a wrong self-valuation.

We see, too, and as a beginning of social stability, his glimpse of abolition of the sex war, on the just basis of the recognition of man and woman as different, with different social parts to play, and with different, but *not* unequal, social values.

V

INDIVIDUAL PSYCHOLOGY AND UNDERSTANDING HUMAN NATURE

The ever-widening circles of thought provoked by Adler's master-notion of "organ-inferiorities" do not, however, exhaust their momentum in the discussion of social disorder. In an important volume, still more recently issued than his "Individual Psychology," Adler appears to us not so much the neurologist, the psychotherapist, the characterologist, the psychologist, and the sociologist, as the benevolent and comradely philosophizer, the kindlier Socrates, the more humorous Confucius who, in easy, pleasant, simple sentences helps us to solve the greatest and most important problem of all, that of "Understanding Human Nature." In Wolfe's admirable translation, bearing this title (1928), Adler, gathering together the fruits of a lifetime's experience and meditation, sets it out before us in such encouraging, refreshing and assuaging fashion that we realize anew the profound verity that,

unless we become as little children, we cannot enter the Kingdom of Heaven, and the great paradox that the highest philosophy, the deepest thought, if pursued in sincerity and simplicity of heart, lead us surely to what is hid from the wise and prudent and revealed unto babes.

One of the most pretentious of our many Zoilist reviewers has said that Adler's view of human nature, as set out in this book, is that of the commercial traveler. Well, commercial travelers are, after all, very good, kindly, simple, industrious fellows, who often understand human nature—the nature of the average sensual man with his weaknesses and his strong points—remarkably well. The commercial travelers successfully link up men and cities, and even nations, to mutual advantage, and to the promotion of good feeling and easy, natural relations. They know how to stand together when common action is necessary, and how to give a friendly hand, not only to a colleague, but to a rival in distress, like the ordinary plain men of good will that they are, pursuing their everyday, commonplace, necessary and excellent vocations. I protest I would rather live in a purgatory of average men in the street, like commercial travelers, than in a paradise of reviewers recruited from the Cheapside Weekly Journal! Surely the commercial traveler's view of human nature (if such it be) given to us by Adler, comes nearer to "the heart of truth" than does the bird's-eye squint from cloud-cuckoo land of those philosophers whose philosophies, as Herzberg has

lately shown us, are themselves by way of escape from the realities of a correct self-valuation!

But, above all, perhaps the greatest feature in "Understanding Human Nature" is its revelation of a lively sympathy with the child whose character and personality are yet in the making—a sympathy that finds, in every heart, an echoing condemnation of those who "shall offend one of these little ones."

Many years ago, when a very recently qualified medical man (or, rather, youth), I was struck poignantly with the bitterness of heart revealed by a little girl of five—I was her father's *locum tenens*—who refused to believe that, as I declared in fun, I was at least seventy years old. "Why," she exclaimed, "you aren't even grown up!"—adding reflectively, "I hope I shall *never* be grown up, for then I shall have to be unkind to little children." *There* was neurosis—or perhaps genius—in the making!

There is even now—and it is beginning to be recognized—a form of cruelty, practiced in thousands of God-fearing homes throughout the land, a thousand times more disastrous in its effects than any of the physical cruelties so earnestly fought down by societies for the protection of children. This cruelty, possibly less widely spread than a generation or two ago, but still devastatingly diffused, is the cruelty of discouragement and terrorization exercised by well-meaning parents who would nourish a child's soul and mind upon the moldy crusts of Hebraic legality and the

putrid scraps of demonology and superstition saved from medieval hagiologies. This cruelty, this terrorization, this fear and sense of sin even in innocence, are among the most stimulating foods of neurosis and disease, and the most deadly poison to a simple, joyous, active, natural, intelligent and sympathetic life in relation to the community. It is not excused if we say that, now and again, its foulness has been the forcing-bed of a Heine or a Goethe. Still, though Individual Psychology lays so much stress on the plain duty of the family or community to the individual young recruits who make it what it will be, no lesser stress is laid upon the responsive duty of each individual to the community of which he forms a part. Personal effort on the part of the individual, as stressed by Hobhouse, is always to be encouraged, and is to be directed into channels of usefulness for the greater community-individual of which he forms a part no less truly than does each red-blood corpuscle exist as an integer of that whole organism to whose well-being its own healthy life is, in a measure, contributory.

Heaven, too, helps those who help themselves. So much is of the essence of Adler's teachings, for what *is* important is the nature of the purposive element in the response of each individual to circumstance. We do not abandon the theory of psychic determinism, as an objective account, if we say that, subjectively, each individual must accept responsibility for his own logically necessary participation in the course of events.

Active work, in a measure psychiatric, in a measure

sociological, in a measure educational, but always pedagogic, is now being carried on with increasing success in children's clinics in Vienna and in other cities and towns abroad. It is earnestly hoped that, before long, initiative will come to similar fruition in New York and in London. It is possible that in London the foundation of such a clinic will be organized in connection with the small band of Individual Psychologists who, by reason of their common interest in Individual Psychology, constitute the Society of Individual Psychology in London. It is, on the other hand, quite possible that such clinics may be founded independently. In either case, the event will certainly be welcomed by all who have the cause of psychotherapy at heart. For it must not be supposed that the small band, or society, to which reference has been made, although active and welcoming accretion, exists to systematize or standardize either theory or practice. In a sense, Individual Psychology is not susceptible of system. It will certainly never be standardized or systematized after the manner of the Scribes and Pharisees. Yet, on the other hand, it is sufficiently systematized, in its own fashion, by reason of the very lack of formalism that allows it to continue, as a living, growing, and organic whole. *Panta rei:* all things flow.

Individual Psychology has, of course, its epistemological, ontological, metaphysical, and cosmological aspects, connotations, and implications which must be reckoned with, which perhaps have not yet been fully developed and which cannot here be even lightly

touched upon. And Individual Psychology is of universal significance, for it deals with secular problems and has ecumenical applicability.

Nevertheless, as a "Weltanschauung," and particularly as giving an approach to the understanding of human conduct, it is susceptible of comprehension by the simplest and least sophisticated, and there is not one of us who cannot, from the deep well of childish memories, draw many instances of the evils of disparagement; the sense of inferiority; the competitive struggle for the upper place and the bigger share; the neurotic flight from reality and the blighting injustice of the more powerful, and the refuge in compromise, fantasy, and illusion, if not in darkness and despair, that so effectually strangles in its birth the tendency to draw nearer and into the community.

VI

The book to which this foreword has been written, at Adler's own request, marks in some degree a return by him to consideration of the original neurological and psychotherapeutic problems in which he has never lost interest. But it is a return in the light of an even riper wisdom and a more mellowed thought and experience. We have here no formal treatise, but rather the revealing and intimate discourses of the peripatetic and philosophic physician and psychotherapist. The book itself has been editorially revised—for it was written, or constructed in English—by Mr. Philippe

Mairet, whose "A.B.C. of Adler's Psychology" serves as such an excellent introduction to Individual Psychology, particularly in its sociological function, and whose knowledge of Adler's wide doctrines is so singularly complete. In the preparation of the book in its original form invaluable help was given—so Dr. Adler desires me to state—by Miss Marx, and this help is here gratefully acknowledged by him.

Of the book itself it is unnecessary and would be an impertinence for me to speak, but a bibliography compiled by Mr. Mairet has been added which cannot fail to be of the greatest assistance to the many who, whether physicians or laymen, may wish to pursue the further study of one of the most important and yet most modest intellectual and social movements of the present century. This movement is one which, in content and intent may fairly be compared—though not for the first time—to those whose initiation we ascribe, in the East to Confucius, and in the West to Socrates.

Yet not every avenue explored by Adler is mentioned even in the list of books and papers thus set out. Much of what we call Individual Psychology has been thrown into the common store in the course of those simple, comradely talks which Adler has held and still holds, in Vienna and elsewhere, with patients, with pupils and with colleagues. Much, too, has been put into circulation by the countless letters that Adler, with indefatigable good will, has written to his far-scattered correspondents: much more stands printed in his own "Internationale Zeitschrift für Individual-

Psychologie," which may come to have its counterpart in England and in America.

But, when all is said and done, it is of paramount importance to the study of Individual Psychology that everyone—and particularly every medical man—should remember that the genesis of this movement which "without assumption of any moral, ethical, political, or economic doctrine," nevertheless touches so closely all the moods of life, is found in the profound consideration by Adler, the practicing physician, of those sometimes simple and often derided physical abnormalities that we have learned to call organ-inferiorities, and their psychical compensations.

London, W.
July, 1929

PROBLEMS OF NEUROSIS

A Book of Case Histories

CHAPTER I

The concealment of the feelings of inferiority.—Anxiety neurosis.—The theory of heredity.—Dream of anxiety neurotic.—The style of life.—Suicidal impulse.—Organic effects of neurotic tension.—A compulsion-neurosis.—Critical point in the development of neurosis.—The dream as a rehearsal.

THE problem of every neurosis is, for the patient, the difficult maintenance of a style of acting, thinking, and perceiving which distorts and denies the demands of reality. Usually, it is not until this way of life has become difficult to the verge of breakdown that the case is brought to the physician, whose task is to find the right method for its correction. The common problem, therefore, of both patient and physician, and the basis of their cooperation, is to understand the nature of the patient's mistakes, and this demands not only a true outline of his essential history, but a perception of the dynamic unity of that history as a continual tension towards an implied conception of superiority.

As the work of Individual Psychologists has abundantly proved, an individual goal of superiority is the determining factor in every neurosis, but the goal itself always originates in—and is strictly conditioned by—the actual experiences of *inferiority*. The physician's first line of approach is to identify the real

causes of the feelings of inferiority, which the patient disguises from himself in various degrees and in his individual manner. Since the feeling of inferiority is generally regarded as a sign of weakness and as something shameful, there is naturally a strong tendency to conceal it. Indeed, the effort of concealment may be so great that the person himself ceases to be aware of his inferiority as such, being wholly preoccupied with the consequences of the feeling and with all the objective details that subserve its concealment. So efficiently may an individual train his whole mentality for this task that the entire current of his psychic life flowing ceaselessly from below to above—that is, from the feeling of inferiority to that of superiority—occurs automatically and escapes his own notice.

It is not surprising, therefore, that we often receive a negative reply when we ask a person whether he has a feeling of inferiority. It is better not to press the point, but to observe his mental and psychic movements, in which the attitude and individual aim can always be discerned. In this way we soon perceive a greater or lesser degree of the feeling of inferiority in everyone, together with a compensatory striving towards a goal of superiority. Such a universal feeling is not in itself indictable: its meaning and value depend entirely upon how it is used. The most important discovery of Individual Psychology is that it may be used as a stimulus to continue upon the useful side of life.

These general observations apply closely to the case of a seventeen-year-old boy, the second child in the family, who was brought to me because he suffered from anxiety, and became extremely angry when confronted with difficulties. He also had stomach trouble and diarrhea when he went mountaineering, a sport which he sometimes shared with his comrades. His mother was intelligent, and liked him, but apparently preferred his elder brother, who gave her less trouble. This elder brother was much stronger, taller, and a good sportsman. The father was a capable man, and the patient esteemed him highly.

This boy was afraid of making any decisions because his feeling of inferiority was too great for him to trust himself. He was unwilling, therefore, to admit that this feeling was due to any cause within his control. He insisted that he was born such as he was, and his nature was no responsibility of his.

This patient's attitude to life was one of hesitation. When confronted with problems he always made difficulties, but though he thus "slowed down" he did not stop altogether. He was a very good pupil at school, but in constant fear of losing even this advantage, and he could not decide at all what to do upon leaving the high school. He made no friends; did not like girls, and was afraid of sexual experiences. He believed some of his difficulties to be the result of masturbation and pollutions. All this shows typical indecision and lack of confidence in regard to the three problems of

life—society, occupation, and love. To all three questions the answer was evaded or postponed. He disguised his sense of general inadequacy by making various *causes* responsible, and thus he reassured and convinced himself of worth. It is notable, however, that the patient went on in spite of difficulties. He studied well, and he climbed mountains—which latter activity, by the way, is a common device of persons who feel themselves overburdened with life, to give themselves feelings of superiority. To review and emphasize the difficulties of life from the vantage ground of a superior feeling is the next best thing to being able to boast that one has overcome them. It was in order to escape from the consciousness of his inferiority-feeling that this patient blamed his weakness upon natural difficulties and masturbation, and especially upon inherited deficiencies.

The theory of heredity must never be emphasized in education nor in the theory and practice of psychology. Except in cases of subnormal children and congenital idiots it is proper to assume that everyone can do everything necessary. This is not, of course, to deny the differences of inherited material, but what is important is always the use which is made of it. In this way only do we see the enormous significance of education. Right education is the method of developing the individual, with all his inherited abilities and disabilities. By courage and training disabilities may be so compensated that they even become great abilities.

When correctly encountered, a disability becomes the stimulus that impels towards a higher achievement. We are no longer surprised to find that those who have attained remarkable successes in life have often been handicapped in the beginning with disabilities and with great feelings of inferiority. On the other hand, we find that a person who believes himself to be the victim of inherited deficiencies and disabilities, lessens his efforts with a feeling of hopelessness, and his development is thus permanently retarded.

Teachers exaggerate the maleficence of hereditary factors to excuse the inefficiency of their own methods. It is interesting to read in Einhardt's biography of Charlemagne that this great emperor could learn neither reading nor writing, from sheer lack of talent for such things! Now, with the development of educational method, no normal child finds these tasks beyond him. From this and many another example it appears that whenever authors, teachers, or parents fail to find a method to correct errors by education they blame the inherited deficiencies. The superstition which this habit engenders is one of the greatest difficulties and the most commonly encountered in education and in handling "problem children," not to mention the treatment of criminals, neurotics, and psychotics. Yet for the treatment of these conditions the only reasonable assumption is that which is made by Individual Psychology—that everyone is equal to his life-task. This does not mean that the results are or can be equal,

for, of course, inequalities of training, method, and above all the degree of courage shown must be taken into consideration.

To return to the case in question: the ability of this boy's father was an additional reason for his feeling that he could not make good in life. It is well known that the children of great men are very often unsuccessful: they feel incapable of ever attaining positions as high as their fathers held, and therefore do not seriously attempt anything at all. In the case of this patient, the high achievements of his elder brother also lengthened his distance from the goal of superiority in the family circle. He felt himself hopelessly surpassed. The neurosis which he developed was a protection from the painful consciousness of this inferiority. It was the adoption of an attitude which signified to him:—"If I were not anxious, if I were not ill, I should be able to do as well as the others. If my life were not full of terrible difficulties, I should be the first." By this attitude a person is able still to feel superior, for the decision of his worth and value is placed beyond proof, in the realm of possibilities. His chief occupation in life is to look for difficulties, to find means of increasing them, or at least of increasing his own sense of their gravity. The most ordinary difficulties of life, common to everybody, are carefully collected by him and kept upon exhibition. He does this more to impress himself than others, but naturally other people take his burdens into account and do not expect so much of him. Any success he may have,

moreover, is magnified by this heavily advertised handicap, so that it becomes his most useful possession. By it he wins his way to a privileged life, judged by a more lenient standard than others. At the same time, he pays the costs of it with his neurosis.

Another case of anxiety neurosis, taking the form of agoraphobia, and accompanied by heart symptoms, occurred in a man of thirty-five. Anxiety neurosis is always symptomatic of a timid attitude towards the three problems of life, and those who suffer from it are invariably "spoiled" children.

This man dreamed, "I crossed the limit of the border between Austria and Hungary, and they wanted to imprison me." (Such short dreams, by the way, are the best for analysis.) This dream indicated the man's desire to come to a standstill, due to the fear that he would be defeated if he went on. Its interpretation very well confirms our understanding of anxiety neuroses. The man wanted to limit the scope of his activity in life, to "mark time" so as to gain time. He came to see me because he wished to marry, and the imminent prospect of doing so had brought him to a halt. This fact itself, that he came to consult me about his marriage, clearly indicated his attitude towards it. Similarly, the way that he would behave in marriage was mirrored in the dream, in which he commanded himself—"Do not pass the limit!" The prison in the dream also reflected the dreamer's view of marriage.

We often deceive ourselves by such images in dreams. We use them to train ourselves to tackle the problems of the near future in a manner consistent with our own *style of life*—but not in accordance with the logic of the situation.

The style of life is founded in the first four or five years of childhood. This period closes with the full development of the ego and the consequent fixation of its attitude to life. From this time onward the answers to the questions put by life are dictated, not by the truth of relations in themselves, but by certain automatized attitudes, which we call the *style* of the individual. Thus we explain the fact that a certain mistake of adaptation—such as the desire to be the center, to be overburdened, not to be forced, not to be curtailed, etc.—may persistently continue throughout a lifetime.

A very successful man, forty years old, complained that he could not go up into a high building without having an impulse to jump out of a window. He said he had always been afraid of everything. He had been the youngest of six children, and very much spoiled by his mother. This case reveals at a glance the wish to be thought overburdened and in danger. The patient cannot avoid going upstairs, but he colors this procedure with his desire to be in a dangerous situation, clinching the danger by developing an impulse to jump.

In this case and the two previously cited, the goal of superiority is similar, as regards the motive of being overburdened. But this man goes further. He has a desire to jump from a window, but lo! he overcomes it and still lives. He is stronger even than himself.

In support of this diagnosis I will add a recollection from the patient's childhood. "I went to school when I was six years old. I was not very happy. The very first day a boy attacked me. I was dreadfully afraid and trembled, but . . . I sprang at him and threw him down." This fragment of memory records the two typical motives of the man's life-style. He trembles at first, but only to overcome. And that little word "but" holds the rich meaning of his compensation for feelings of inferiority.

A girl of twenty-seven came to consult me after five years of suffering. She said: "I have seen so many doctors that you are my last hope in life." "No," I answered, "not the last hope. Perhaps the last but one. There may be others who can help you, too." Her words were a challenge to me; she was *daring* me not to cure her, so as to make me feel bound in duty to do so. This is the type of patient who wishes to shift responsibility upon others, a common development of spoiled children. It is safe to assume that in childhood she constantly contrived to keep another person occupied with her; and we may infer that it was probably

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her mother. We need additional facts to verify this impression, but there are methods by which it can be done even in the first interview.

It is important, by the way, to evade such a challenge as the one I have recorded here. The patient may have worked up a high tension of feeling about the idea that the doctor is his "last hope," but we must accept no such distinction. To do so would prepare the way for grave disappointment, or even suicide.

This girl was a second child, whose elder sister was more beautiful than herself, besides being very clever and popular; so that the patient's life had been like a breathless race to overtake her rival. The sister married happily. The patient also developed well, especially intellectually, outdoing her elder sister in schoolwork. However, the sister was much more charming and attractive, and made friends far more readily. The life of the older sister had been smoother and pleasanter, giving her greater self-confidence. The younger, from a sense of insecurity, felt a need to assert herself against others, which repulsed their friendship. Doubtless none of these two girls' acquaintances recognized the true nature and origin of this difference between them; but they all felt it unconsciously, and they were attracted to the one and repelled by the other.

The patient had been in love at the age of fourteen, when she was ridiculed for it, so she had ever since declined to play the part of a loving woman. When her sister married she fell in love with a married man. Such an attachment cannot, in itself, be dogmatically

estimated. Nobody can be sure if such a love will turn out well or not. But we cannot ignore the fact that every girl in such a situation sees the great difficulties it involves quite as clearly as her parents or anybody else can see them. And a girl going through such an experience tells herself, "This is what love is like." Her selection of such a troublesome love is *prima facie* ground for suspicion that she does not wish to see love and marriage through. In this case we see the patient adopted, towards this new life-problem of love, the same hesitant, non-committal attitude she had exhibited in the past. There were reasons. She was less attractive than her sister, and she had been ridiculed in her first love-affair. A girl of such a competitive nature, bent towards the goal of superiority, is always in danger of losing courage and self-confidence by marriage. She will usually feel marriage to be a menace to her sense of superiority. The happy marriage of this girl's sister fed these fears; so did the unhappy marriage of her parents and her mother's inferiority.

The girl's hesitating attitude to love and marriage came out during frank discussion with her. She said: "I am sure my husband would leave me two weeks after our marriage." When I hinted at the deep feeling of inferiority which was the cause of her evasion of marriage she tried to retract this statement; but the mere fact that such an idea could appear at all, even in a joke, showed that her mind had been occupied with that specific problem.

Even when the man with whom she was in love

wanted to kiss her she ran away from his caresses. In such ways she established her distance from the demands of love and marriage, and sacrificed everything to her neurotic goal of superiority. *"If* this man were not married I would marry him" was her answer to this problem of life.

"If" is usually the *leit-motif* of the neurotic drama. "If" is the last resort in every neurotic dilemma, and the one sure way of escape. For the *will to escape* there is only one reason, and that is fear of defeat, which is the hardest of all reasons to admit. At this point, therefore, we frequently find some fictitious form of anxiety, which the patient interprets to himself variously but never truly—never, that is, as the simple fear of being beaten. Agoraphobia, anxiety neurosis, and all the forms of phobia may originate at this point, but, whichever it may be, it fulfils its purpose of blocking the way to further activity. Thus what was desired is attained—namely, the ordeal is evaded without disclosing, even to its owner, the hated feeling of inferiority. All the other neurotic symptoms, such as compulsion ideas, fits, fatigue, sleeplessness, functional disturbances such as neurotic heart, headaches, migraine and so on, develop out of the severe tension of this very difficult concealment.

The organs most disturbed by this tension are those which have been made susceptible by some inherited weakness. Hence, we find, where a whole family is liable to a particular organic weakness, that several members suffer from organic illnesses, and others from

neurotic symptoms of that same organ. In such cases we must not overlook the contributory factor of imitation. We find, however, in distinction from other psychologists, that the only symptoms imitated are those which are alinable to the neurotic goal of superiority.

This patient had held a position in an office, where she played a leading rôle and was much appreciated, but, like all people with an excessive feeling of inferiority, she was insatiable of appreciation, and always striving for more. At the age of nineteen she changed her position, and lost the admiration she had formerly enjoyed. Reviewing her case, we may note:

1. She was hopeless of competing with her sister, either in making friends or in making a successful marriage.

2. She feared to face the problems of love and marriage.

3. She had lost a favorable position in her work.

In short, all the defeats she had feared had now befallen her; her intense feeling of inferiority had been justified. She did not reason out the situation in this way, but showed, by the appropriate mood, that this was how she felt it.

We may note in passing a typical concentration upon, and exaggeration of, one point in the life-problem, namely, the fear of defeat. While occupied upon the useful side of life one has always to reckon with possibilities of defeat, which we normally minimize by regarding occasional reverses as incidental to every

human enterprise. But in such a case as we are now reviewing, the possibility of defeat has become the focus of life. The patient subordinates his whole life to it, just as a person with a cleaning mania makes her life revolve around the idea of dirt, and the normal and useful act of washing becomes exaggerated into a ceaseless search for dirt, either upon her own person or upon furniture, floors, or elsewhere, until it has no meaning or value in life. Such a mistaken focus of attention is typical of neurosis in general, and in the case of this girl her earlier life-purpose on the useless side—to surpass her sister—was developing into the still narrower and more negative aim of escaping from any sort of defeat whatever.

It is at such a critical point in a life-history that neurotic symptoms are developed. There is no change in the style of life with its characteristic halt at every possibility of defeat; but the individual now fixes this attitude of stoppage, by demanding impossible securities. If he has no means of proving superiority on the useful side he becomes a problem child, or a criminal, or he may commit suicide. If he has some activity, but an insufficient one, and more hope, he deceives himself that he is blocked by a fatal hindrance, such as an illness. He selects certain symptoms and develops them until they impress him as real obstacles. His state of tension readily provides the initial mental or bodily disturbances, which are of various kinds according to the style of life and the native organic weaknesses. Behind his barricade of symptoms the patient feels

hidden and secure. To the question, "What use are you making of your talents?" he answers, "This thing stops me; I cannot go ahead," and points to his self-erected barricade. We must never neglect the patient's own use of his symptoms. Not only does he use them in this way, but—as happens still more in psychosis—they also modify his perception of every vital question of life.

To be already overworked by grappling with his own neurotic difficulties is not only an extenuating circumstance, it is also a patient's inner relief from his striving for superiority—he really expects less of himself. Such a self-protective style of life may also take the form of being overwhelmed with social difficulties.

The best way to understand a neurotic patient is to set aside all his neurotic symptoms, and to study his style of life and his individual goal of superiority. Only by a firm grasp of these two things can we come to a full understanding of the neurosis itself, the development of which they entirely control. It is the fear of a defeat, real or imaginary, which occasions the outbreak of the so-called neurotic symptoms. Life and custom drag the man along in apparent agreement, but in reality a sense of utter abasement has divided him from life, and he is trying to stop or escape. My experience proves that psychoses such as schizophrenia, mania, melancholia, and paranoia, appear when the patient feels absolutely checkmated, with no hope of going on—which means that he gives up all attempts to answer the three questions of life. A neu-

rotic person, however, is willing to consider one or two of these questions, but has broken down in face of some new and overwhelming reverse.

The cases I have been describing exhibit such incomplete stoppage. In the one immediately under consideration, the girl appeared to be quite healthy until she suffered the setback in her occupation. Then, more deeply intimidated by the difficulty of life, she began to shelve its problems more and more, and strove for a new kind of superiority in the form of compulsion-ideas.

One day she had a fear that her handbag had come open and that some coins, covered with verdigris, had dropped into the basket of vegetables which she had been carrying for another woman. She feared she had poisoned this woman's entire family! Another compulsion-idea that she had, was that the dust of the street was on her hands and would soil her mother's Bible if she touched it, which of course she could not avoid doing from time to time. So after each imaginary soiling of the Bible she surreptitiously bought another and replaced it, till she had bought a dozen of them. She attributed this exaggerated holiness to the books in order that she might profane them; and wasted her money on them so that she could be held irresponsible. Thus, also, she became a martyr, misunderstood, and a soul degraded to the fouling of sacred things.

If the girl's sole ambition in life had been to become more conspicuous than her sister, she was well on the way to realize it. But this neurotic aim was involving

her in such practical defeats that it was clearly advisable for her to renounce it for another. The goal of her striving was to escape the dreaded decision—"My sister is superior to me."

Closely examined, this escape from a decision also reveals itself as a goal of superiority. As she will not mix with people she cannot be defeated socially. As long as she avoids love and marriage she is not measured with her sister's happy marriage. Whatever happens, she can say—"But then I am fully occupied with my compulsion-ideas." She must be occupied with something. Time, the circumstances, and whatever logic her neurosis has not destroyed, demand some occupation, so she busies herself on the useless side with this compulsion-neurosis. Her activity is actually free from competition, and fictitiously superior. This illusion of superiority is shown by her striving, in compulsion-ideas, to make herself feel responsible for the lives of others, or for their purity. This effort to show a superior conscientiousness is her occupation, for she has not stopped. If she had, she would be in a state of stupor, as in catatonia.

Before referring to this patient's dreams a few general remarks are advisable. A psychology which could not understand and interpret dreams would exclude a great part of the mental life, and would therefore be a most imperfect psychology. Thus the Freudian conception of dreams is an important contribution. Un-

fortunately its author overlooked the most vital principles of dream-formation owing to his mistaken assumption of the dominance of the sexual factor. This prevented him from seeing that the sexual attitude in life is determined by the goal of totality or superiority. We must always interpret abnormal sexual tendencies as expressions of the entire style of life, looking for the deeper movements which underlie them.

The understanding of dreams owes its furthest practical progress to a contribution of Individual Psychology—the recognition, namely, that every dream creates its *mood*. To cope with a specific situation, in accordance with the goal of superiority, the dream insinuates a mood. This alone explains the mysterious fact that people do not understand their own dreams. Dreaming is a process of turning away, in sleep, from reality and common sense towards the individual's goal of superiority. To relate our present problems to this goal by logical planning and thinking is very difficult; but by the feelings it is easy, and their "short cut" is the dream.

As I have shown elsewhere, the dream is a dress rehearsal, a trial performance of a step towards the fictive goal. It produces, in an automatic way, an illusory picture of how to succeed in disregard of the logic of the situation.

This patient dreamed that she fell down. No one can deny that such a dream connotes unpleasant feelings as of defeat, and we could but assume that she

was diminishing her impulse to proceed. Presumably there was a present question which she wanted to answer in a discouraged manner. That present question proved to be an invitation by the married man in the case, to a *rendezvous*. She responded by giving herself, through the dream, the hopeless mood she wanted—the impulse to denial and escape.

In case the critical reader is unconvinced, I will cite another dream of the patient's upon the same night. She was terrified by noticing some blue and red spots on her skin. Was this a good preparation for a meeting with a lover? That the spots signified the result of a luetic infection was not only obvious to me but was suggested quite independently by the patient herself. In discussing this matter she expressed the opinion that all men were untrue and polygamous. "I am sure," she exclaimed—and this I have already quoted—"that my husband would leave me a fortnight after the wedding. What is the good of marriage, if I constantly expect to be deceived and also infected by my husband?" This clinches the proof of her motive to escape. She added, "I should become less than my sister, whose husband is faithful." Thus her goal has changed. She no longer wishes directly to surpass her sister, but barricades that way, and looks for another superiority —on the useless side. She was going to avoid all defeat, and to be nobler than anyone else.

Everyone's goal is one of superiority, but in the case of those who lose their courage and self-confidence, it is diverted from the useful to the useless side of life.

This escape into a life of unrealities takes place in an automatic way: the fear of defeat itself arranges the emotions, and through them the actions, until a situation is reached which allays it. This escape is always felt as a relief, but is not understood as such. If it were, the patient would enjoy it, which would spoil the whole arrangement by removing the justification for his hesitation and escape. He must pay the costs with suffering in order to be excusable. And the neurotic symptoms, being built upon the pattern of an illness, really resemble illness, and efficiently safeguard the patient's sense of superiority by enabling him to think, "I could be the first if my suffering did not postpone it." From such a style of life happiness is excluded *a priori* and quite independently of any adjustment to circumstances.

CHAPTER II

Schizophrenia and its preparation.—The three problems of life.—The function of the mother.—Psychosis.—Melancholia.—Feelings of guilt.—Indirect treatment of melancholia.—Manic-depressive insanity.

EVERY development in an individual's life is conditioned by his life-aim, by which the successive phases of his life are organically connected. When a mother, whose son has suddenly become schizophrenic at the age of eighteen, says that he was perfectly normal until that age, we cannot agree with her. And we find, upon inquiry into the boy's past life, that he was of a domineering disposition and did not play with his schoolmates. Such a childhood is a bad preparation for facing the real problems of life. In this case it was a preparation for schizophrenia, which was not a sudden development but the result of a life-attitude, and only showed itself when he had to face a really difficult situation. At the age of eighteen he was faced with the three questions of society, occupation, and love, and felt unable to answer them. A patient's unpreparedness for life does not always show itself in favorable circumstances, nor when he is shielded from the real demands of life, which are always of a social nature and demand social feeling. Childhood is normally a sheltered period of life, but it may be passed

in such a way that the social feeling is undeveloped, as it was in the case under consideration and also in the case previously described where a girl was in competition with an elder sister, felt her prestige endangered all the time and was therefore preoccupied with herself. Such a conception of his situation hinders a child's development of social feeling.

The circumstances of early life, such as those of the nursery, kindergarten, school, and companionship, are the first training and test in social behavior. When a neurosis is developed we always find that the individual's difficulties were foreshadowed in these relations of childhood. He did not care to do things with others, or he did so with some queer or noticeable difference from others. And a neurotic generally remembers his peculiarities and difficulties of adaptation in early life as a justification for keeping his distance from the present social environment. When he is driven by necessity, or by his own demands, to approach more nearly to an accepted standard of behavior, the neurotic may apparently try to adapt himself, but in reality he does nothing of the kind: he answers the new demands with automatic responses and trained attitudes of long standing, under cover of which he escapes from any real contact. He may mix with others superficially, in conversation and customary kinds of cooperation, but he does so according to his own established mechanisms, and behind this screen his psyche slips back into its own secret stronghold. In this behavior of neurotics, psychotics, and

problem-children we must recognize a certain inevitability, a necessary result of their past. The artificial attitudes which they have elaborated are the logical consequence of faulty training, and we can do very little good by trying to correct these consequences. We must make a change in the deeper motive, in the underlying style of life, and then the patient will see all his life-tasks in a new perspective.

The three problems of life which I have already described must be solved somehow or other by every human being, for the individual's relation with the world is a threefold relation. No one can escape a definite answer to the question of society, or of occupation, or of sex. And whoever can make friends with society, can pursue a useful occupation with faith and courage, and can adjust his sexual life in accordance with good social feeling, is immune from neurotic infection. But when an individual fails to square himself with one or more of these three inexorable demands of life, beware of feelings of abasement, beware of the consequent neurosis. Schizophrenia is the result of a failure in all three directions at once.

The boy whose case we are considering was unprepared to grapple with these inevitable problems. From our point of view, it is evident that he needed reeducation at this late stage of his development, a process which demands a special method. It is well for the practitioner to realize at the outset that nothing can be done by force. The patient must be appealed to in a friendly way, coaxed into a receptive frame of mind.

Indeed, the task of the physician or psychologist is to give the patient the experience of contact with a fellow-man, and then to enable him to transfer this awakened social feeling to others.

This method, of winning the patient's good will, and then transferring it to his environment, is strictly analogous to the maternal function. The social duty of motherhood is to interpret society to the individual, and if the mother fails in this the duty is likely to devolve much later upon the physician who is heavily handicapped for the task. The mother has the enormous advantage of the physical and psychic relation; she is the greatest experience of love and fellowship that the child will ever have. Her duty is mentally to relate the growing child to herself, as it was formerly related to her physically, nourishing the child's growing consciousness with true and normal conceptions of society, of work, and of love. In this way she gradually transforms the child's love for her and dependence upon her into a benevolent, confident, and responsible attitude towards society and the whole environment. This is the twofold function of motherhood, to give the child the completest possible experience of human fellowship, and then to widen it into a life-attitude towards others.

It is always after a prolonged struggle to hold one's ground that what we call psychosis is liable to super-

vene. The individual then breaks down before all the three questions of life, and every step he takes is made in defiance of logic.

In this connection, what we mean by logical is that which is intelligible as an attempt to *solve* a real problem of life. An example of psychotic development may be given in the life of an elderly woman, excluded from occupation and from love. She is offended because society, her children and sons-in-law do not take enough interest in her. If she has not developed sufficient social feeling to take a keen interest in the lives of others, her case is indeed a difficult one; for the goal of superiority still attracts her as much as anyone, and keeps her striving without any definite objective. But she finds it possible to impress others by exploiting her weakness. She can become a focus of attention again, and once more an actress on the stage of life, by taking up the rôle of an entirely hopeless person. She will forestall the destruction of her personality by identifying herself with a lost person, and, rather than allow that others should make her miserable by neglect she will plunge herself into excessive gloom, a procedure which also gives her a little dismal power over other people's feelings. We find that the pride and ambition of neurotic persons prohibit their confessing that they feel neglected, so that they are unable directly to accuse others. The anger and rage which we should expect to find in this phase of life is, therefore, generally suppressed and hidden, though it may break out occasionally, and they rationalize their hopeless attitude by

turning all their accusation against themselves. In cases of melancholia many persons actually kill themselves, in an excess of self-condemnation, while sometimes ostentatiously exonerating others.

A very intelligent woman, forty-six years of age, had suffered from melancholia for three years, eight years before she came to me. She had been married at the age of sixteen, and having no children for the first ten years of her married life, she adopted a child, but did not tell the child that she was not its real mother. This situation is one which usually leads to unhappiness for the child later on. Afterwards the woman had two daughters of her own. She worked in her husband's office after marriage, so that she knew all about his affairs, and when, after some years, he took a partner into his business, she did not care to be in the office because of her diminished importance. She quarreled continually with the partner until her father fell ill, when she withdrew from the business to nurse him, and as soon as the father's health was restored she developed melancholia. She suspected her husband of concealing his business affairs from her, and cried if he did not immediately tell her everything she wanted to know. She wanted to dominate her husband, and crying was a means by which she sought to subdue him. Crying is usually an accusation against another person. Her husband's business was financially satisfactory, and it was not necessary for her to know all

the details of its working, but she felt herself excluded and inferior if she did not know all about it.

This was a strong woman who had married a weak man in order to rule him, and, of course, the choice of an equal mate generally indicates a higher degree of courage. Marriage is a constructive task for two persons who are determined to live together in order to relieve and to enrich each other's lives; and when anyone chooses a weaker partner—lower in the social scale, or with vices such as alcoholism, morphinism, or laziness—in the hope of "saving" him, she betrays the hidden desire for superiority.

This woman showed the principal signs of a true melancholia. She decreased steadily in weight, was unable to sleep, and was always more depressed in the morning than in the evening. She feared that the whole family would come to poverty and starvation. In treating the case my first objective was to reconcile her with her husband. I tried to show her that her husband was getting older, that she should not be angry with him, but handle him more diplomatically. I explained that there were better methods of making him subservient than crying; that the weaker always puts up some kind of resistance, as no one can endure constant domination, and that people must treat each other as equals if they are to live harmoniously together.

I always use the simplest and most direct method possible in the treatment of neurotics, but it would be of no use to tell the patient in this case, "You are a domineering woman, and you are now trying to rule

by means of illness," for she would be offended. I must win her first, and take her part as far as possible. Every neurotic is partly in the right. If this woman did not feel deprived of value by her advancing age—a real privation of women in our present culture—she would not cling to her prestige in such unseemly ways. But it is only very gradually that I can bring her to face the truth about what she is doing.

At the same time this patient developed a guilt complex—which often happens in such a situation. She remembered that she had deceived her husband with another man some twenty-five years before, during all which time this event had played no further part in her life, but all at once she told her husband and accused herself. This so-called guilt-complex, which we should wholly misunderstand by the Freudian interpretation, was quite clearly an attack upon the husband who was no longer obedient. She could hurt him by confession and self-accusation. Who is so simple as to think that it is a case of the majesty of the truth vindicating itself after a quarter of a century? The truth is often a terrible weapon of aggression. It is possible to lie, and even to murder, with the truth.

Nietzsche, with a most penetrating vision and from the same standpoint that we take for Individual Psychology, described the feeling of guilt as mere wickedness. And in the majority of neurotic cases the fact is that a guilt-complex is used as a means to fix its

maker on the useless side of life. This is often seen in the case of a child, who tells a lie and gets a complex about it, by which arrangement he can play a rôle of distinguished uselessness. Everyone will be struck by his honesty if he worries so much about having told a fib.

To return to the indirect method of treatment: I recommend it especially in melancholia. After establishing a sympathetic relation I give suggestions for a change of conduct in two stages. In the first stage my suggestion is "Only do what is agreeable to you." The patient usually answers, "Nothing is agreeable." "Then at least," I respond, "do not exert yourself to do what is disagreeable." The patient, who has usually been exhorted to do various uncongenial things to remedy his condition, finds a rather flattering novelty in my advice, and may improve in behavior. Later I insinuate the second rule of conduct, saying that "it is much more difficult and I do not know if you can follow it." After saying this I am silent, and look doubtfully at the patient. In this way I excite his curiosity and insure his attention, and then proceed, "If you could follow this second rule you would be cured in fourteen days. It is—to consider from time to time how you can give another person pleasure. It would very soon enable you to sleep and would chase away all your sad thoughts. You would feel yourself to be useful and worth while."

I receive various replies to my suggestion, but every patient thinks it is too difficult to act upon. If the

answer is, "How can I give pleasure to others when I have none myself?" I relieve the prospect by saying, "Then you will need four weeks." The more transparent response, "Who gives *me* pleasure?" I counter with what is probably the strongest move in the game, by saying, "Perhaps you had better train yourself a little thus: do not actually *do* anything to please anyone else, but just think out how you *could* do it."

Melancholy subjects who reply, "Oh, that is quite easy; it is what I have always done," are to be suspected of dispensing favors in order to get the upper hand of others. To whom I say, "Do you think the people you favored were really pleased by it?" I sometimes give in, admitting that it is too difficult at present because the patient needs practice and training, by which compromise I carry a milder measure in these terms:—"Remember all the ideas you have in the night, and give *me* pleasure by telling them to me the next day."

The next day such a patient quite probably replies, "I slept all night," when asked for his midnight reflections, even though he had not previously slept for many days! But let the physician beware lest he triumph too soon. He should continue industriously to collect all the useful facts and reconstruct the patient's style of life.

In treating these cases I have never had a suicide, the disaster which so commonly occurs, and I believe this is due to the fact that this indirect treatment reduces the acute tension. But all those who are in the patient's environment must be made to understand that

they cannot scold, force, or criticize, but must assist the patient into a more favorable situation. Melancholia is an illness in which the people in the environment suffer more than the patient, and there are moments when the relatives can no longer endure the strain. My advice is, "Five minutes before you feel you can no longer control the patient, put him in charge of one or two attendants." This is the phase in which suicide is threatening.

Mania, in common with melancholia and the severer neuroses, is a barricade erected by the patient to block his own approach to the real business of life, and it is sometimes preliminary to the establishment of psychosis in the form of manic-depressive insanity. The first formidable phase of mental disorder, as we have seen, is invariably when some urgent problem presses for solution and the patient has lost courage. In mania there is an effort to overcome this cowardice of the soul, and the patient pushes himself forward, exaggerates his actions, and talks and laughs with needless excitement. He is high-spirited and irritable, has great projects, is very superior and boastful of his power, and displays strong sexual inclinations. These patients need watching or they may do damage, but this phase of their illness is a sudden blaze which soon consumes its fuel. The natural and usual sequel is a phase of melancholia in which the patient must on no account be restrained as he barricades himself from expression all too surely. Such alternations in manic-depressive insanity are shown by individuals who showed slight

phases of conduct of the same pattern in their earlier life. They begin with an excitement which rapidly wanes into a depression. This tendency is shown even in their handwriting, in which the first letter of a word is written very large, while the others decrease in size and droop below the line. Brilliant beginnings and sudden anticlimaxes are repeated at intervals throughout their life-histories.

Manic-depressive insanity, like a cyclothymia beginning late in life, may yield an appearance so similar to general paralysis as to cause confusion in diagnosis. In such a case the clinical symptoms must be supplemented by an examination of the spinal fluid. This is important, as there are many cases of only a single attack of paralysis, whereas cyclothymia is, of course, recurrent. I once had a patient of this kind whose mania stopped very quickly. I was visiting him at the asylum when he begged me to take him home, as the attendants had treated him roughly a few days before. He had begun to recover and his condition was improving every hour, so I took him home. As we sat down at table he remarked with satisfaction, "You see, it has always been like this in my life. I have always got whatever I wanted." While I was thinking only of the hard knocks he had suffered, he was thinking of nothing but having got out of the asylum. That is the difference between the objectivity of common sense and the sort of "private intelligence" which is the basis of mania.

CHAPTER III

The psychological standpoint.—Character.—Social feeling and the mother.—Inferiority.—Organically defective children.—Spoiled and hated children.—Unsocial types.—Guilt as a form of superiority.—The art of the psychotherapist.—The masculine protest.

INDIVIDUAL Psychology distinguishes in the conscious and the unconscious, not separate and conflicting entities, but complementary and cooperating parts of one and the same reality. That reality is not of a physiological or biological nature, and it eludes any chemical or technical tests. The fact that anxiety, for instance, affects the sympathetic and parasympathetic nerves does not reveal the cause of an anxiety. The origin of anxiety is in the psychic and not in the somatic realm; we attribute it neither to the suppression of sexuality nor to the conditions of childhood, although we have given all due importance to these factors. What appears to us most important is such a fact as this, for instance: that a child will make use of anxiety in order to arrive at its goal of superiority —of *control* over the mother. The most exact physiological and neurological description of anger appears to us to be of almost negligible practical value compared with our actual experience of how anger is used to dominate a person or a situation. In this respect we claim to have taken up the only standpoint which is

correctly and purely a psychological one; and we believe that the ascription of feelings, emotions, and thoughts to bodily conditions and inherited instincts—which is the basis of almost all other psychologies—always leads to exaggeration and mistakes. We are far from disputing that every mental and bodily function is necessarily conditioned by inherited material, but what we see in all psychic activity is the *use which is made* of this material to attain a certain goal. In all the cases I have hitherto described, the feelings and emotions were developed in the direction and to the degree required for the attainment of a particular goal, which in these instances was of neurotic character. Anxiety, sadness, and every other manifestation took the line we could have predicted from the style of life; and we have seen how dreams also played their part in arranging the feelings into conformity with the general striving, their action giving us a remarkable insight into the workshop of the soul.

If sadness is necessary to the attainment of his goal, an individual is naturally incapable of happiness, for he can only be happy when miserable. But we notice that feelings appear and disappear as required. A person suffering from agoraphobia loses the feeling of anxiety when at home, or when he successfully subdues another person to himself. The tendency of the neurotic is to exclude from his experience the whole sphere of life *except* those parts of it in which he has the sense of being a conqueror. By manufacturing certain moods or emotions in himself he finds he can repel

and shut out the undesirable, unconquerable remainder of his world. He even comes vainly to hide his head in the moods themselves, like an ostrich.

Beneath all fluctuations of mood, however, and ruling them, lies the real character, which is relatively unchangeable. A coward, for example, even though he shows arrogance against a weaker person or courage in a shielded position, still remains a coward; and his freedom from anxiety, when surrounded by watchdogs, guns, and policemen, does not deceive us. His character is indicated by the excessive protection he demands. The proud man may even be very gracious and yielding, but we note that he surrounds himself by inferiors. To estimate the true character of an individual we must always give full significance to the environment he has chosen or permitted for himself.

That which we call social feeling in Individual Psychology is the true and inevitable compensation for all the natural weaknesses of individual human beings. The human being, even biologically considered, is clearly a social being, needing a much longer period of dependence upon others before its maturity than any animal; and the human mother also is more dependent before, during, and after giving birth. The high degree of cooperation and social culture which man needs for his very existence demands spontaneous social effort, and the dominant purpose of education is to evoke it. Social feeling is not inborn; but it is an

innate potentiality which has to be consciously developed. We are unable to trust any so-called social "instinct," for its expression depends upon the child's conception or vision of the environment. In the growth of this vision of society the most vital factor is the mother, as we have seen, for it is *in its mother that every child makes its first contact with a trustworthy fellow-man.* In the four or five earliest years of life the child builds up its own prototype, by adjusting its inherited abilities to its earliest impressions, and lays the irrevocable foundation of its style of life. It is this which develops later into the more formulated life-style, and conditions the answers to the three questions of life. In the former, or earliest period, the psychic soundness of the mother is what is essential; in the second period, her mentality and breadth of outlook are very important.

The mother brings about the first important and specifically human change in the child's behavior. Under her influence the child first inhibits its desires and organic impulses, and introduces delays and circuitous methods into its striving for what it wants. The goal of all striving, which is to overcome the difficulties of life and to gain superiority, is also the stimulus of childhood, which begins with a sense of almost total practical impotence. It is the attentive, benevolent mother who is, to the child, the guardian of its goal —even largely the goal itself in concrete form. But such a goal is not permanently possible; and the art of motherhood is to give the child freedom and oppor-

tunity for success by its own efforts, so that it can establish its style of life and seek for its superiority in increasingly useful ways. Then gradually she must interest the child in other persons and in the wider environment of life. So far as she can discharge these two functions—of bestowing independence and of imparting a true initial understanding of the surrounding situation in the home and in the world—she will see the child develop social feeling, independence, and courage. And so far also will the child find its own goal in being a fellow-man and friend, a good worker and a true partner in love. With such an initiation into life, the ineradicable will to superiority is united with social feeling, and issues in courageous and optimistic activity upon the useful side of life. All the feelings of an individual, throughout his life, are modified by the amount of communal feeling that is involved in his individual striving for prestige.

Every kind of action upon the useless side of life, such as the behavior of problem-children, neurotics, criminals, sexual perverts, prostitutes, and suicides, can be more or less precisely traced to lack of social feeling, with the consequent loss of confidence. For we must realize that every adaptation we have to make in life, from kindergarten to business management, from school chums to marriage is, directly or indirectly, a social action. From the earliest times, we face new thoughts and events in a manner which is dominantly social or antisocial; it cannot be neutral. Suppose, for instance, that a boy is terrified by illness and death

in his environment. He may allay his fears by the determination to be a doctor, and to fight against death. This is obviously a more social idea than that of being a grave-digger, the one who buries the *others* —a reaction which I have also found in a boy in that situation. When social feeling has been from the first instilled into the upward strivings of the psyche it acts with automatic certainty, coloring every thought and action, and where this automatized social feeling is deficient, the individual's interest is too self-centered, and he feels that he is impotent or a nobody. With this feeling all his other feelings are more or less directly connected: they do not exist *sui generis,* nor do they control action, although they are often used to do so— and, of course, they influence our secondary decisions from time to time.

The sense of impotence, or the "feeling of inferiority," is the root-conception of Individual Psychology. Whatever form it may take, it can only be correctly estimated from an adequate study of the individual's *actions.* Its accurate diagnosis is perhaps more difficult in early life, where we see many efforts to circumvent the instincts and to conceal the feeling itself from its possessor, but most of these early expressions are connected with the strength or weakness of the organs and the friendliness or hostility of the environment. Yet neither the inherited organism nor the environment is wholly responsible for the sense

of impotence, nor is it caused by both together. The degree to which it is felt is due to both these factors *plus* the reaction of the child. As a conscious relation between its organism and environment, the child's psyche seems to have an indefinite *causal* power; so that, normal or abnormal, it never reacts with anything like mathematical exactitude. Life, as opposed to dead material, always reacts thus, in a more or less inaccurate—and spontaneous—manner.

For convenience, however, we may classify certain typical variations of the sense of impotence, according to typical causes. Thus there are three types of neurotic children—those with defective organs, those who are spoiled and those who are hated. Physical defects, whether congenital or acquired, invariably cause feelings of inferiority, and we can generally trace a special effort to compensate for the specific defect. For example, many who are naturally left-handed and who have been trained to use the right hand only, conceal their sense of manual inadequacy by taking to the arts. Extreme dexterity and finesse of handling such as that of an instrumentalist or a painter, becomes an integral factor in their life-goal. There are also many painters and poets whose choice of their vocation was influenced by bad eyesight. Milton and Homer are conspicuous examples of this latter compensation. In the deafness of Beethoven and in the stuttering of Demosthenes also, we see the points upon which their strivings were concentrated.

Many persons have resented the attention that I and

my colleagues have drawn to this compensatory factor in the work of artists of genius or of high talent, and they attempt to deny what our experience is constantly confirming. But their objection is due to a misunderstanding of the findings of Individual Psychology. We are not so foolish as to suppose that organic imperfection is the efficient cause of genius. Many of the Freudians have indeed supposed that the sublimest works of human genius were directly caused by sexual repressions, but we make no such eccentric generalization. In our view, a man of genius is primarily a man of supreme usefulness. If he is an artist he is useful to culture, giving distinction and value by his work to the recreative life of many thousands. And this value, where it is genuine, and not merely empty brilliance, depends upon a high degree of courage and communal intuition. The *origin* of genius lies neither in the inherited organism nor in the environmental influences, but in that third sphere of individual reaction to which I have already referred, which includes the possibility of socially affirmative action. In the choice of its specialized *expression,* however, the highest talent is conditioned by the organism with which it is endowed, from the greatest *defect* of which it gains its particular mode of concentration.

A knowledge of this principle, which can only be rightly gained by much observation, is of the greatest service in the treatment of organically defective children, as it enables us to protect them from many dangers of overcompensation.

The spoiled child, being in a position where it receives too much from others, never proves its own powers to itself. Its goal, formed in accordance with its experience, is to be the center of the family, the focus of attention and care. The usual symptoms are: anger, discontent, disorderliness, anxiety, enuresis, a struggle to avoid isolation, and unwillingness to go to school.

Treatment readily suggests itself; but we have often to take into account a quite unusually intense feeling of insecurity.

The hated child is in the worse position of never having been spoiled by anyone. Its goal is to escape and to get at a safe distance from others. Cruelty, slyness, and cowardliness are some of the symptoms. Such a child is often unable to look one straight in the eyes, cannot speak, and hides its feelings in fear of abasement. Its constant tendency to find fault may in some instances be developed in the direction of useful criticism.

No soul develops in freedom. Each one is in mental, emotional, and nutritive dependence upon his immediate environment on the earth and in the cosmos, yet so far independent that he must take up these relations consciously: he must answer them as the questions of life. Everything he does is an answer—no doubt it is the best he can give. We are not blessed with omniscience, and our greatest reasonable hope is not to answer with a great mistake, so that we had better test all views, including that of Individual Psy-

chology, and prove them carefully. Our best science must be applied with common sense.

Hated children also take life as they find it, respond to it with the best reactions they can devise, and gradually *fix* these reactions into a mechanical pattern of life. The three life-problems, in whatever successive forms they present themselves, will thenceforward be encountered by that fixed *pattern* of behavior, however it may be elaborated by experience. The unusual tension of their life makes these children postulate a higher goal of security and superiority than that of the average child. All their impressions, perceptions, and attitudes are conditioned by the perspective of their prejudiced situation; so that what they learn from life is seldom any new aspect but only how to fill in the old one with more detail.

In these three types of children we encounter the three typical accentuations of the feeling of inferiority. They all weaken the social contact, and tend to isolate the individual in an ever-narrowing sphere of interest. Unsocial types take on very deceptive appearances at times. I once called to see an old lady I knew, who was well known for benevolent actions, and found her crying while an old man, also in tears, stood before her. "What is the matter?" I asked. "Look at this poor old man," she sobbed. "He has five starving children, and is to be turned out of his house if he doesn't pay the ten shillings he owes—and I have only five to give him!" "Don't cry," I replied. "Let me add to your generous gift a little gift of five shillings."

She thanked me effusively, saying she had always known me to be a good man. Now I knew that this old lady was not only very rich but she had no real social interest, she consorted only with her own relatives, and even with them in a very dominating spirit. Her charitable action was no contradiction to her character: her pity and sadness over this poor man gave her the kind of feeling of superiority she lived for. It is of no use to judge an isolated demonstration of feeling, apart from the whole style of life. For a psychological understanding we must perceive the goal towards which all the feelings tend.

I have already called attention to the use of *guilty feelings* in building up a neurotic and imaginary superiority. One of the clearest examples in my experience was the case of a boy, the second child in the family, whose father and elder brother were both notable for honesty of character. As is usual with second children, this boy's striving was largely concentrated upon the effort to surpass the elder brother. At the age of seven he lied to his teacher, pretending that a piece of work in which his brother had helped him, was all his own. This gave him a feeling of guilt which he concealed for three years, after which he went to the teacher and confessed that he had lied. The teacher refused to take the matter seriously, but only laughed, so the boy thereupon unburdened himself to his father, with great emotion and sadness. The father was grati-

fied by what he took to be a profound love of truth, and consoled and praised his son. But the boy's depression did not vanish with this paternal absolution. He continued to think, with a neurotic compulsion, that he was a liar. The high moral atmosphere of the home, and the feeling that he was worse than his brother, both in schoolwork and in popularity, had combined to set him striving for excellence in the supreme family virtue. He was secretly dedicated to proving, even by the lifelong expiation of a trifling transgression, that his integrity was greater than anyone's.

The boy's neurosis developed. He acquired other self-reproaches, for not being entirely honest in work and, as is usual, for masturbation. These always became most acute just before an examination. By amassing difficulties in this way he felt excused for not surpassing his brother. He planned a course of technical training after leaving the university, but by that time his compulsion neurosis had increased so much that most of his time was employed in prayer to God to forgive him, which, of course, put work out of the question. He was admitted to an asylum, where they supposed him incurable, but his condition improved and he left the asylum, asking, however, to be readmitted if he should have a relapse. At this point he changed his occupation and began to study the history of art. Before sitting for an examination in this subject, however, he put it beyond the bounds of possibility by a piece of extraordinary behavior. He went

to church on a special day of festival, when the building was crowded, and prostrated himself publicly, crying out that he was the greatest of sinners.

In this striking achievement of a central position in a large public assembly, we can detect an ambition of the same pattern as he had in childhood. To be the greatest penitent among all the worshipers in a church is the same kind of distinction as to have the softest conscience for a lie in a family of supreme honesty. It is to be better than the best. He made another exhibition of himself when he returned to the asylum, by coming to lunch one day entirely naked. He was a well-built man and quite equal to the rest of his family in bodily appearance.

This patient's escape from work and examinations was due to fear that he would not shine in these normal situations. The guilty feeling, specially intensified when required, must be regarded as an intentional exclusion of activities in which he had no confidence of success. There was also a tendency to score a cheap success of notoriety, which is not at all out of keeping with his general aim, and it was this which prompted him to appear naked at the meal, and to other eccentricities of behavior.

The task of the physician is to enable such a patient to realize what he is doing, and to transfer his egocentric interest to social life and useful activity. This is an art, in which the Individual Psychologist must train himself by practice and collaboration, for science

and the knowledge of principles alone will never enable him to win the complete confidence which is required. In the case I have just described, for example, I had to recognize correctly, in the first quarter of an hour of the patient's visit, the kind of superiority for which this style of life was designed. If I had failed to do so I should certainly have provoked prompt resistance. Step by step I had to induce his correct statement of his difficulties in childhood, to make him reveal, with less and less reluctance, his deep feelings of worthlessness compared with his brother. Then it was easier for him to admit to himself how he impressed his father with his honesty and how he had maneuvered himself into limelight positions.

The method of Individual Psychology, because it requires the admission and correction of mistakes still dear to the patient, involves the utmost art and craft of the practitioner. We are far from denying that other schools of psychiatry have their successes in dealing with neuroses, but in our experience they do so less by their methods than when they happen to give the patient a good human relation with the physician, or above all, to give him encouragement. It is a fact that a quack sometimes improves a person's attitude to life to a considerable extent; so also may a St. Anne de Beaupré, a Christian Scientist, or a Coué, or a visit to Lourdes. But we remain convinced that the cure of all mental disorder lies in the simpler, if more laborious process, of making the patient understand his own mistakes.

As we have already seen, the style of life of most of our patients can be traced to three typical positions of inferiority in childhood. There are certain mistakes of adaptation which prevent the establishment of a normal style of life, and which are evident even before the child faces its first social problems beyond the home. One of these mistakes of childhood is a refusal to accept the sexual rôle, in which case a boy grows up like a girl—or *vice versa.*

Such errors are very common, and indeed nearly everyone shows some slight tendencies towards them. Perhaps every man has something in either body or behavior which we feel to be feminine, and women often have very masculine traits of a physical character without always showing a corresponding masculinity of mind. More often, however, the wrong sexuality is in the mind and not in the body.

The sex glands, it is true, have an extensive influence on the body. But they have a very limited power to determine the individual's conception of superiority. It is this individual goal of supremacy which is chiefly responsible for a person's confusion about his true sexual function. When we are dealing with the mental symptoms of inverted sexuality we must remember this and not blame too much upon the glands. It is probably equally true that the mental striving affects the glands themselves in the long run. We must see first of all how the patient relates his ideas of sexuality to his goal.

The goal of superiority is always more or less iden-

tified with the masculine rôle owing to the privileges, both real and imaginary, with which our present civilization has invested the male. A girl's feeling of inferiority may be markedly increased when she realizes that she is a female, and a boy's also when he doubts his maleness. Both compensate by an exaggeration of what they imagine to be masculine behavior. This form of compensation, which may have the most varied and intricate consequences according to circumstances, is what I have called the "masculine protest." Its chief symptom both in mind and in outward conduct is a needlessly domineering attitude towards the opposite sex. It is always noticeably connected with a very ambitious style of life, with a goal of superman or of a very much pampered woman. The behavior is overstrained, a fact which may be veiled in favorable situations but is revealed clearly in times of defeat. The masculine protest is indicated to a certain degree in some of the cases I have quoted, but I will give a more typical instance.

A neurotic woman, twenty-six years old, who came to consult me, had lost her mother at six, after which she lived with an indulgent father until she was thirteen. Her earliest memory was: "I hated to play with dolls." This was a sign of her unwillingness to develop in a normal manner: she preferred to play with toy railway-trains. She always wanted to be wild in conduct, and only played with boys, like a typical hoiden. If she did play with girls, she pulled their hair and annoyed them in other ways. To my question, "What

do you think about men and women?" she replied, "Women are always intriguing; men are straightforward." This is a still more definite sign of a will towards masculine development.

In parenthesis, I may say that I should never forbid a girl to play with trains, to climb trees, or to play any boys' games, but I am fully convinced that much trouble would be saved in the later life of children if they were brought up from the first in knowledge and preparation for their right sexual rôle. This is impossible, of course, if the atmosphere is charged with suggestions of feminine disability and of masculine privilege, as so often is the case.

All those who disesteem women as a sex incur certain punishment, because they develop an attitude which is in contradiction to truth and reality.

I asked my patient to tell me about her feelings towards men and women. She said that when she was thirteen she laughed when she heard that persons fell in love. She knew nothing of love until her twentieth year. This, together with the fact that she was a keen athlete, confirmed the ostrich-like escape from her sexual rôle: she wanted to laugh love out of the question and to deny her femininity by excelling in athletics. I expected to find difficulty in menstruation, which is often experienced by girls who have a grudge against their feminine nature, giving them great pain and tendencies to anger, but this was not the case with her. At the age of thirteen, when her indulgent father married again, one would have expected her to show signs

of anger, but she did not. She scorned to do anything so womanly, but said she was glad her father was married so that she could be free. However, trouble with her father began from that time, and she fought in the home, saying that she wanted to be free to leave home and to become a social worker. She wanted to conquer her father by financial independence. Her desire to be a social worker was colored by the thought of ruling over children.

We are familiar, of course, with the desire that patients so often express, not to take any money from their families. When a patient tells me he does not intend to take any more money from his family I often say: "Better take it. It will be cheaper for them in the end."

This patient had many men friends, but was never in love. It is usual for boys and girls to fall in love about twelve or thirteen, and not uncommon when they are five or six. An individual who reaches the age of twenty-three without any such experience is not prepared for it. Love is a necessary life-task for which an early preparation is needed, and training for love is an integral part of one's education for life. Both normal love and all its perversions, such as homosexuality, are a matter of training and education.

At the age of twenty-three this girl had a feeling which she thought was love; she liked a man better than she had ever liked anyone before, and the affair led to intercourse. This free sex-relation was a part of her striving for independence, expressing her opposi-

tion to her father, and her determination to be manlike. The man's feelings changed, and he disappeared for a time. Unable to bear this defeat the girl tried to follow him, with the result one might expect in our civilization, where men are taught to think it *infra dig.* to be wooed, and are afraid of having it too easily. The man cooled off more and more and she saw him at last with another girl, for which she reproached him, and in quarreling with her the man told her she was a common girl. After this he disappeared entirely and married the other one.

For some time after this my patient only kept up her sporting and athletic relations with men, and was frightened if they made any other advances: she ran away when a man friend wanted to kiss her. Later on she became the mistress of a second man, but she was unhappy, fought with him constantly, and would not consent to marry him. The man took a voyage to Africa, thinking it would be better to absent himself for a while, but her unhappiness continued, and was now fraught with memories of her first lover. In her continual quarrels we see her excuse for not marrying, as also in her return to the image of the married and therefore unattainable lover. A typical symptom was that sex relations did not satisfy her. She had not been prepared for marriage.

To this girl the thought of being a woman was identified with defeat. Thus, if she behaved like a girl and considered the prospect of marriage, she could not endure it; it was easier to go on playing at being a boy

by keeping up her athletic pursuits. On the other hand, she felt that marriage was a natural and logical social demand. In this conflicting situation she was further discouraged by two great defeats: first, by her father, when he ceased to spoil her and married again, and secondly, by the desertion of her first lover. To safeguard herself against another defeat she put love and marriage at the greatest possible distance, and to justify her halt before this problem and to insure it, she persuaded herself that it was impossible for a girl to keep a man's love. The fundamental difficulty in this case, as in many others, was the idea that the feminine function is of definitely second-rate importance, and therefore not really worth while. This is one of the chief causes of unhappiness in love and marriage, and it is the illusion which is the basis of the masculine protest.

CHAPTER IV

The prototype in love and marriage.—Love and social feeling.—Evasions of love.—Drunkenness in marriage.—Drug habits and their treatment.—Neurotic striving to get married.—Anger and headaches —Aversion to bearing children.—Love and the life-goal.

AT the end of all my lectures I have to reply to questions about love and marriage, and my questioners often appear to have been misled by some psychological reading into believing that the sexual impulse is the central motive to which every other activity is related. I have never seen the reason for placing this unnatural emphasis upon one single function of life. I admit, of course, its great but very variable importance. But the detection of transposed sexual elements in a variety of manifestations is not very practically useful, even if it is possible; and our experience is that the sexual components cannot even be correctly estimated except in relation to the individual style of life.

The erotic phases are functions of this individual life-style, and we can gain insight into the erotic life, with all its waywardness, hesitation, and elusive subtleties, only so far as we grasp the individual's style in the prototype. By the prototype I mean the original form of an individual's adaptation to life. The psychic prototype is a finished being by the time the child is four years old. It is the baby in the man or woman,

which never grows up any further, but rules the whole life to its end. It is no wonder that certain religions have worshiped an infant, for this prototypic being is the greatest power in human life. The prototype is the constant factor, although we may improve its later manifestations to an indefinite extent when we come to recognize and understand it.

This prototype in each one is the baby Cupid who rules his behavior as a lover. If the prototype is sociable and interested in others, the personality into whom it develops will solve all love-problems with loyalty to the partner and responsibility to society. If the prototype is struggling to attract notice and to suppress others, its later manifestation will include the use of sexuality towards the same ends: that person will establish sex-relationships in order to rule. A prototype formed by attaining superiority in a limited sphere of activity which excludes the opposite sex will tend later to produce homosexuality or other perversions. The main outlines of the erotic life are thus strictly preconditioned.

By the goal, therefore, especially in its most prototypic form, we can interpret the various sexual urges, while the converse does not hold good. The study of instincts or urges will never enable us to understand the structure of an individual psyche; and it is interesting to note that psychologists who endeavor to explain the mind's working from such observations instinctively presuppose a style of life without noticing that they have done so.

Love and marriage, from the standpoint of Individual Psychology, are the normal responses to the sexual question—one of the three vital questions of life—and our task is to understand the special difficulties they present to individuals. An individual who has been well prepared for social life in childhood will not have great difficulties in the sexual life. Courage, an optimistic attitude, common sense, and the feeling of being at home upon the crust of the earth, will enable him to face advantages and disadvantages with equal firmness. His goal of superiority will be identified with ideas of serving the human race and of overcoming its difficulties by his creative power. Deviations from the norm of sexual expression will be instinctively excluded as unattractive. His useful goal will so arrange all his emotions and actions that he will approach love in a feasible form; while adolescent love-affairs and the experiences of his friends will train him for love and strengthen his position. The literature of unhappy love and disastrous marriage (a common source of mischief) will be unable to mislead him; and even if he has disagreeable experiences with an unsuitable marriage-partner, it will not corrupt his course of life. His ideals of social life, of work, and of beauty will survive ordinary defeats, and the sense of beauty itself be transferred to the beauty of adaptation to life.

Entirely different is the fate of those whose social contact is poor, who have lost real interest in the lives of others. They approach love without the right preparation—for every love-problem is a social problem

in the sense that it is a question of behavior towards another who is sexually attractive—and their unprepared souls feel as if the difficulty is insuperable when it comes to marriage, which is the most intimately and intensely social of all situations. Such a person has been educating himself for an isolated life, and does not really want to share life with another; so that he tends to shut his partner out from all but a few activities in which partnership seems necessary or advantageous. He does not conceive of marriage as a complete human relationship. His difficulties are increased, very often, by having learned about love and marriage from parents who were not happily united; and he gathers confirmation from his environment and from literature. In popular fiction the marriage situations are usually portrayed as unhappy; unhappy love-stories are probably in a majority, because of the use which readers are making of them.

One of the chief obstacles to marriage lies in the prevailing opinion that the man is functionally superior, which leads men into vain expectations of rulership and makes girls rebel against their feminine function: they naturally reject a rôle of servitude in a "man-made world." Much suspicion, jealousy, and quarreling springs directly from this antagonism, for if an individual feels victimized by love or marriage it disturbs every association of life. If a girl, for instance, feels that the feminine position is worse or lower than the masculine, she will enter into some sort of competition with the man in her striving to show

superiority. If either of the partners is looking for a weaker mate in order to rule, disappointment is certain, for this is an expectant attitude; and it appears to be an immutable law of love and marriage that it can only succeed where the attitude is one of giving. When an individual's attitude towards love and marriage is hesitative, halting, or expectant, it indicates a general unpreparedness for social life, and we may safely infer a tendency to exclude a large part of the potentialities of life. In such cases the individual will always justify his actions, but his real purpose appears in the result, which is that love and marriage are indefinitely postponed. In this goal of evasion or exclusion, the means taken are interesting: they include all the neurotic symptoms which are more or less connected with sexual functions. The individual is like a stammerer in the sexual sphere. *Ejaculatio præcox,* lack of sex interest and satisfaction, vaginismus and frigidity, are all signs of a determination to exclude actions which the individual is apparently willing to perform.

Normally, of course, the sexual objective is in harmony with the life-goal, is indeed one aspect of it, and as soon as approach to this objective becomes possible it produces the thoughts and feelings which are appropriate, excluding all contradictions and conflicting tasks. But in the case of the neurotic, thoughts and feelings are produced which belong to other duties or functions of life; irrelevant considerations are admitted which inhibit, traverse, or pervert normal con-

duct along the sexual line. The impotence or whatever sexual disability is thus produced is dictated by a neurotic goal of superiority and a mistaken style of life, and investigation always reveals a fixed intention to receive without giving, with a lack of social feeling, courage, and optimistic activity.

There are other ways of excluding sexual partnership, of course, besides the functional disability. Exclusion is often contrived by an exaggerated and unpractical ideal of marriage; and sometimes by a desire to mate with persons obviously ineligible—much older, incurably diseased, or below the age of consent. When the patient has postponed marriage for a long period, perhaps attributing the indecision to polygamous tendencies, investigation will often disclose the under-structure of a perversion, which must not be mistaken for the motive, but recognized as a coordinate of the hesitative attitude.

The efforts to exclude love and marriage, either before or after the contract, are modeled upon the prototypic or infantile pattern of adaptation, a fact which may be seen in the marriage-history of a young man who was twenty-three at the time when he first came to see me, without occupation and without friends. A year before this he had married a girl with whom he had relations for two years. His attitude towards her was one of continual jealousy, advice, and criticism. The girl appeared to be very docile while she was hoping to be married, and the man enjoyed a sense of superiority in this and in the knowledge that

the marriage would antagonize his mother. After marriage, however, his wife was not so obedient, and he occasionally showed high temper. He behaved as he had behaved in childhood to his mother and his elder sister when they failed to gratify his wishes. Then he had screamed, run away from lessons, broken toys, torn his clothes, and in every possible way assailed his mother by attacks upon himself or his own occupations. Now, after scenes with his wife, he would drink heavily and come home intoxicated.

This man was a spoiled child, who lost his father at the age of two years, and was pampered by the mother. He became the tyrant of the family, as children in such a position are likely to do; and from eight years old to thirteen he suffered from fainting-fits.

The connection between fainting and anger may in certain cases have an organic basis. I have found a type of patient who loses consciousness in a rage, and suspect some peculiarities in the blood-circulation of the brain. In such cases it is possible that an epileptoid fit occurs in varying degrees—petit mal, for example. If, as in this case, an outlet presents itself, there may be a discontinuance of the fits, and, as it happened, this patient was not obliged to repress his rages.

In accordance with the view of Individual Psychology, we should predict the repetition of this behavior in childhood and expect the patient to take the same direction in any vital conflict with others—to hurt them by damaging himself. As such behavior breeds callousness in the environment, the resentment and

injury are correspondingly increased. In this case, when drunkenness ceased to punish the wife sufficiently, the man attempted suicide after a quarrel with her. He hurt himself severely and recovered very slowly. The inheritance of a large fortune from his father had lessened the patient's necessity for self-control. He could never keep a position in his occupation, a failure which he justified by complaining of terrible working conditions.

This case illustrates very well the inability of a pampered child to seize upon the best means to become a conqueror. It also confirms the insufficiency of treating such conditions as drunkenness without recognition of the psychic prototype, for the latter can assimilate any change of conditions to its individual kind of striving. It is not interest in drink, but in himself and his own superiority that misleads such a patient towards the useless side of life. The object of treatment must be to quicken the social interest in whatever way is possible.

The use of love and marriage as a means of domination is, of course, intolerable to the marriage partner; so this man's wife gradually lost all interest in him. He obtained a divorce and married again twice. He took as his third wife a divorced woman who had attempted suicide during her first marriage, an attempt which she made when she was found out to have been unfaithful to her first husband because of his neglect of her. Her mother had been very critical and cold to her, failing in both of the two maternal func-

tions; so that she had turned, as is usual, to the kinder father, and he had spoiled her with favor. This woman seemed to be of a very gentle disposition, but it did not stand the test of unfavorable situations. At school she had constantly made trouble in the class. She had only one friend, and was not sociable.

Her second husband was a youngest child, left-handed, and with a clumsiness which drew upon him the constant derision of his elder brothers. He was, however, very ambitious and anxious to surpass the brothers, who in childhood had beaten him by his handicap, and this stimulated him to the conquest of wealth: he became rich and highly esteemed. Fear of defeat and escape from derision made up his prototype, so that he liked and sought isolation. His first two marriages were brought about by women who flattered him. The second of them had appeared when he had lost a great part of his fortune—the money which, to him, stood for superiority over his brothers. This woman had tried to console him with morphia, which he continued to take after she died.

The third wife, described above, married him with a determination to save him from the drug habit, and her first efforts revealed her inability to do so. Like the spoilt child she was, she was infuriated at her lack of power over him, and began taking morphia herself in order to punish him. She had the idea that he would reform himself if he saw the terrible consequences of his action; but as nothing of the kind happened, both continued the abuse of the drug, and soon each of them

noticed that the other was looking about for another partner.

This couple tried several morphia cures without success, which is not surprising when we review the complex of the motives at work. One was the man's childish goal of superiority, to escape derision or disesteem. Another lay in his attitude to his business worries, from which he not only found partial relief in morphia, but also a subjectively valid excuse. His diminished success could be blamed upon the morphia, without which, he could still believe, he would have triumphed over everything. He sometimes spoke of the habit in both ways, as a relief and as an excuse, without understanding the connection or the contradiction between them. To do this he would have had to relate these manifestations to his style of life, to understand his exaggerated demand for esteem, in which case he might have taken better means to attain it. His polygamous tendencies, and his exclusion of friends, showed a lack of social adjustment: and he could not possibly have been cured by taking away the morphia. It was the whole personality which needed to be changed, by the recognition of its prototype. It is true that, in lighter cases, a patient with very varied symptoms may lose them before he himself or the doctor has come to grasp their coherence. When this happens it is either because of a favorable change in the patient's situation or because the doctor, by encouragement or by chance, renews the patient's interest in others.

The wife was far from being cured of the drug.

Feeling in danger of losing her second husband she gave up attempts to cure him, and being indifferent to the criticism of others, and if anything courting the displeasure of her mother, she increased her own doses of morphia to the most dangerous excesses. This was a repetition of her conduct in her first marriage when she was neglected. This drug habit was a kind of suicide. As a youngest child and the father's favorite, she had a desire for conquest and a feeling of inadequacy that were intense; she lived according to the neurotic formula—"All or nothing." In these cases, when the hope of gaining *all* begins to fade, *nothing* is left; and this must be expressed by very bad habits, suicide or insanity. The feeling that suicide gives mastery over life and death is the supreme expression of the goal of superiority on the useless side of life. But we must note, of course, that the patient began to be watched with apprehension by her father and husband. Everybody became more tender towards her; this gave her a sense of augmented power and importance.

Such are the underlying difficulties which obstruct so many attempts to cure drunkenness, drug-habits, and suicidal tendencies. There is a method for everything in life, and to solve any problem we must find the right one. There are two ways, for instance, of trying to pass through a doorway only five feet high. One of them is to walk erect, and the other is to bend

one's back. If I try the first method I not only bump my head on the lintel but have to fall back upon the second method after all. I call this the law of the low doorway. Nothing compels me to stoop, but if I do not realize the relation between my height and the aperture I cannot possibly pass through it. We stand in an equally definite relation to the critical personal problems of life. If we do not realize the fact and adapt our method accordingly we come into collision with reality.

Every child is confronted with reality, and finds its method, more or less successfully, in its prototype. These individual responses to reality are so wonderfully varied that the ancient poets and fable-writers compared them with species of animals such as the hare, the fox, the stork, and the snake. Prototypes are indeed like animal souls, moving each towards its own goal, in its own interest, and its own characteristic manner.

The tension between the child and its environment—which is never entirely absent—is never exactly calculable, for besides the many possibilities of variation in the family constellation, each child has its individual sensitiveness and an original responsiveness. Thus, against a fairly typical position of inferiority, different children will erect most diverse concrete goals of superiority. There are many children, for example, who are at a similar disadvantage through weak muscles and poor eyesight, but they may compensate in directions which will lead them to be acrobats or

artists or towards a hundred other developments, according to the originality of their reaction, the degree of their courage, and their social feeling. Moreover, the defects which they have to compensate are full of subtle individual differences.

It is for this reason that a child which has deviated from a normal line of life cannot be reeducated by normal methods. The method must be specially adapted; for the child with an abnormal endowment or development will feel suppressed in perfectly normal situations. A child with stomach trouble, for example, may fail to gain in weight, and develop poorly; and if the circumstances are not carefully adapted the usual consequences will ensue—a pessimistic and hostile attitude, perhaps with pugnacity and irritability. Such a child is liable to contract an envious disposition by comparing itself with others; it may show an abnormal interest in eating and eatables, and its tendency to collect and hoard things may develop in later life into a concentration upon money-making. It is common to find troubles in early nutrition in families which produce successful money-makers. As a rule, when a child displays exaggerated consciousness of its stomach and a tendency to anxiety, we should do something about it, for it is a common beginning of neurosis. There is a feeling of curtailment and a loss of interest in others, which bode ill for the child's future.

Children with stomach troubles are a well-known source of trouble to parents and physicians, but the difficulties are due far more to imperfect methods than

to the constitutional deficiency. This is the case with other physical disabilities: the better we understand their connection with the general line of life the better the methods we can devise. We cannot claim that we have found the universally perfect method, but the continued search for right methods according to the principles of Individual Psychology certainly enables us to avoid many mistakes.

The dominance of the prototypic attitude in love and marriage is exemplified in the following case. As a girl, the patient was the second child of the family, very weak, very pretty, spoiled by her mother and ill-used by a drunken father. She lost her mother's favoritism at the age of three, when a baby sister was born, and protested by becoming truculent and high-tempered. She was supposed to inherit bad temper from her father, and some psychologists would uphold this mistaken opinion, but any child might take this line of development in such an unfavorable turn of circumstances. Indeed, from the attitudes of aggressive, disobedient, or domineering children we are often able to guess correctly at some salient feature of the home environment, such as this displacement by a younger child.

This girl became an actress and had many love-affairs, which culminated in her becoming the mistress of an elderly man. Such an obvious exploitation of advantage indicates deep feelings of insecurity and

cowardice. This relationship, however, brought her trouble: her mother reproached her, and although the man loved her he could not get a divorce. During this time her younger sister became engaged.

In the face of this competition, she began to suffer from headaches and palpitation, and became very irritable towards the man. This was a neurotic impatience, and it was the cause of her coming to consult me. In a certain type we find that headaches are regularly produced by severe tensions of anger. The emotion accumulates, so to speak, during a period in which the patient shows no symptoms. The emotional tension may actually result in circulatory changes producing attacks of trigeminal neuralgia, migraine and epileptiform seizures. An illustration of such circulatory disturbances is provided by the well-known respiratory spasms and sensations of choking induced by violent rage.

In those cases of trigeminal neuralgia which have no organic basis I have already emphasized (1910) the importance of psychological factors. These may, of course, act through vascular disturbances induced by emotion, and the frequent repetition of such interferences with the blood supply may in the end cause organic damage to the tissues of the nervous system.

The tendency to anger is related to excessive ambition; both of which originate in a competitive striving to escape from a sense of being overcome. They occur in unsocial natures, who feel uncertain of attaining their goal by patient striving, and often try to escape

to the useless side upon an outburst of temper. Children make use of such explosions to conquer by terrifying, or at least to feel superior; and in a similar way they use the consequences—their headaches. The neurotic origin of headaches was not known to the scientific world when I first spoke of it in 1910, but it must have been well known in antiquity. Horace, in an ode to Mæcenas, wrote of those ambitious persons who do not want to alter themselves but only to change others; and he refers to their headaches and sleeplessness.

To return to the case: the girl's condition was the result of a neurotic method of striving to hasten her marriage, and was not at all ineffective. The married man was greatly worried by her continuous headaches, and made efforts to get a divorce, but he was not very courageous, and made slow progress against the opposition to it. The girl then broke with him and wanted to marry another man; but she soon discovered he was too uncultured, so she returned to her former lover. He (the married man) then came to see me about my patient, and said that he would hurry on the divorce and marry her.

Treatment of the *immediate* illness was easy—in fact, it would have cleared up without me, for the girl was powerful enough to succeed with the help of her headaches. Her goal was to force the man to get a divorce quickly; it was the goal of her childhood, not to be surpassed by her younger sister; and as soon as

the divorce proceedings began the headaches disappeared.

I explained to her the connection between her headaches and the competitive attitude to her sister. She felt incapable of attaining her goal of superiority by normal means, for she was one of those children whose interest has become absorbed in themselves, and who tremble for fear that they will not succeed. She admitted that she only cared for herself and did not like the man she was about to marry.

Her palpitation was due to the fact that she had twice been pregnant and both times had resorted to abortion, when she justified herself to the doctor by saying that her heart was too weak for her to bear children. It was true that her heart was irritated by tense situations and suppressed anger, but she used this symptom increasingly and exaggerated it to justify her intention never to have children. Self-absorbed women generally show their lack of human and social interest by an unwillingness to have children; but sometimes, of course, they desire children for reasons of ambition or for fear of being considered inferior.

A dream of this patient is worth recording. She dreamed that she was well dressed and held a naked baby in her arms. She said to the baby, which was of a brown and jolly complexion, "I cannot take care of you, I must give you up." The baby answered, "Yes, you are right." Then she began crying in her dream, and a man passed her, but she turned her head to

avoid being seen. The man, however, wished to see her and looked at her.

By the nakedness of the baby she meant that she was too poor to have children. Her sister was to be married to a rich man, whereas she had only enough money for her own clothes, none to spare for a child. The baby's brown complexion meant that she could have a healthy child, but the dream-child reassured her, by agreeing with her, that everyone could see it was impossible for her to have children. The patient said at this time that she felt perfectly well, but suffered from palpitation of the heart night and morning, which showed she was clinging to the idea that her weak heart would excuse her from having children. She was too egotistical and much too eager to keep in the center of the stage of life, to entertain the prospect of children, and moreover she felt the child as a potential rival, because the tragedy of her infantile life was one of rivalry with her baby sister. The man who passed by her in the dream must have been myself, and her turning away was a sign that she did not wish to be entirely open with me; she was afraid that I would blame her, and as she knew I wished to develop her social feeling, she thought I should wish her to have a child.

The decision whether a woman should or should not have a child, should rest entirely with the woman—such at least is my personal belief. I cannot see the use of forcing a child upon a woman who is without social interest or love for children, for she is almost certain

to bring it up badly. In such cases I prefer to adjust the woman socially, and then I am sure she will wish to have a baby without suggestion or pressure from anyone else.

It is, or used to be, the almost invariable conclusion of Freudian psychologists, that the person who excludes love is repressing his libido, but it is a vast improvement both in diagnosis and treatment when we relate this exclusion to the individual's goal of superiority. If the exclusion of normal possibilities of mating is very persistent and obstinate it is always a sign that the person is neurotic in other relations also, and does not want to see marriage in the obvious light of social necessity because of a more general exclusion of social behavior. We then see a hesitating or evasive attitude before the love-problem, or an unnatural tendency in the love-relation, both of which proceed from a mistake in understanding the relation between the individual's prototypic needs and the possibilities of his situation. A better understanding would produce better behavior. For individual goals are not unattainable, nor are they attainable in one way only, but every way of attainment has its own sequence of necessary obligations. The neurotic is paying the price of taking the most difficult, lonely, and impracticable way to the summit of his ambitions, when there are much easier and better paths. In a sense it may be said that the prototype never relinquishes his rule over the indi-

vidual's life, but there are better and better ways of fulfilling its law.

We must regard the love-problem as the most intimate and organically determined form of the problem of social behavior, a view which acts as a continual corrective of mistakes. This view of Individual Psychology may not bless us with an absolute truth; it may not enable us to foresee the future of a marriage as accurately as we can calculate the path of a falling stone. But the stone lies in a world of truth, whereas we live in the realm of human mistakes. Our method enables us to replace the great mistakes by small ones, and that is our justification for believing that we can often help others to approach their own goals with a method which, if perhaps not infallible, is better than theirs in social direction. In the world of the psyche there is no principle of individual orientation beyond our own beliefs. Very great are the consequences of our real beliefs. Big mistakes can produce neuroses but little mistakes a nearly normal person.

CHAPTER V

Organic symptoms.—Vomiting.—Fainting.—Stuttering.—Left-handedness.—Imperfect sight.—Compensatory activities.—The sexual rôle.—Sex equality.—Masculine protest.—"Prophet" fantasies in neurotics.—First methods of treatment.—Verification of diagnosis.—"Transference" to the psychologist.—True understanding of a neurosis.—Drunkenness.—Patients who need supervision.—Criterion of the value of action.—The value of social feeling.—Neurosis as the weapon of the weak.—Case of suicidal impulse.

IT is natural for an individual to express himself with his whole body, so that it is often more instructive to watch a person's movements—how he walks, sits, smiles or fidgets—than to hear what he says. We may go further, and apply this to the valuation of symptoms. Vomiting, for example, is commonly a sign that the person who vomits does not wish to agree. It is an attack upon another, or the rejection of an approach. Fainting may also be the effective rejection of a situation in which a person feels entirely powerless.

How could I cure a stutterer if I believed stuttering to be caused by some subtle and unknown organic deficiencies? I have plenty of evidence that the stutterer does not want to join with others, and he can generally talk quite well when he is alone; he may even be able to read or recite excellently; so that I can only interpret his stammer as the expression of his attitude towards others.

There is some point, however, in the belief, common in America, that stuttering is caused by training left-handed children to use the right hand, although this is only because wrong methods are used, which give the child an antisocial bias in reaction to unsympathetic criticism. A mechanical and competitive method of teaching makes no proper allowance for the fact that the left-handed child has more actual difficulty in adapting itself, and the child retaliates with an impediment which worries or irritates its teachers. There is no physical reason why children should not be taught to use the right hand. Since we are living in a right-handed culture, left-handedness may sometimes be felt as if it were an inferiority in later periods of life. In many technical and commercial positions and even in social life left-handedness may be a noticeable disability or hindrance. But the training of these people for a right-handed world should be done with the correct method, for they are a large minority whose rights should be protected. In early life the left-handed child has certainly greater difficulties, for often the peculiarity is not recognized, and blame is incurred for clumsiness. Such a child connects its imperfect dexterity with all other difficulties at home and at school, and suffers from a depression which centers its interest too much in itself. Thus left-handed children often acquire the feeling that the world is a dangerous place, and become more liable to neurosis than others.

I believe about thirty-five per cent of all persons

are left-handed, and most of them unconscious of the fact. There are several ways of detecting the left-handed: the best-known and simplest is to ask the person in question to clasp his hands together; the left-handed subject will instinctively do this so that the left thumb is over the right thumb. The eyebrow on the left side is frequently higher in a left-handed person, and the whole symmetry of the body more developed on the left side. Even in the cradle we can see when a baby tends to use the left side of the body more than the right. The adaptation to right-handedness is a somewhat severe test for these children. Generally, when I see a very bad handwriting I know it is that of a left-handed person whose courage is below par. On the other hand, if I see excellent handwriting I know it is a left-handed person also, but one who has successfully grappled with his difficulties. The left-handed who develop their right hands tend to some artistic or craftsmanlike powers. Among painters we find not a few left-handed persons who paint equally well with either hand.

It is not generally known that left-handed children very often have considerable difficulty in learning to read because they spell reversely from right to left; a mistake which they can correct if it is properly explained to them.[1]

[1] These and other facts are collected and discussed by Dr. Alice Friedman in an article published in the *International Journal of Individual Psychology*, 5th year; published by S. Herzl, Leipzig, 1927.

Imperfections in the sense-organs limit the means which a child has of sharing in the life of others. They impose necessary differences of behavior which may be felt as a burden if we do not meet the case with wise measures of encouragement. Children with imperfect sight walk cautiously, as they are conscious of danger in movement. They are more interested in seeing because it is difficult for them, and if they compensate well they will become visual types. There are corresponding compensations for poor hearing and for handicaps in movement.

Gustav Freytag, for example, was very short-sighted and did not wear glasses. Not being able to see much, his attention was focused upon imagining what his environment was like, and the high development of his fancy was his great quality as a writer. Goethe, Schiller, Milton, and many other fine poets were afflicted with poor sight, and also many of the greatest painters. A child with perfectly normal sight is not likely to concentrate his attention upon the phenomena of visibility, but takes them for granted. It must never be assumed, however, that defective visual powers will be necessarily compensated with talent or brilliance, or indeed in any socially useful way. A good compensation will be made only where there are courage and a favorable situation; then we may count upon a special development, either relative to the same sense function, or to another, such as hearing. If the situation is unfavorable and courage fails, there will be a negative

compensation—*e.g.*, the child will not *want* to see anything.

Those whose eyes are normal sometimes develop interests which depend upon visual powers, but not unless they have at some time been confronted with the necessity to see. No advance is ever made without the consciousness of a hindrance. It is the thing which appears to be a deterrent which acts as the incentive whenever there is a courageous struggle for success. I have already referred to the aural difficulties of Beethoven, Smetana, Dvořák, and other musicians.

Our civilization is not only a right-handed but also a masculine one, so that the striving for superiority tends to elaborate an overmasculine attitude. Several great philosophers have remarked this, as Kant did when he said, "No man ever wants to be a woman." I do not entirely agree with this, for I have known cases in which men wished to be women. A bow-legged man, for instance, told me he wished he were a woman with skirts to cover his unshapely legs, and there are spoiled boys who would like to be women in order to be petted.

I should never oppose women for taking their place in the world upon an equal footing with men, but I have seen that it is better to bring up boys and girls from the earliest age to be reconciled with their respective social rôles. When a girl believes that she may

change into a boy it is because the female rôle has not been presented to her in an aspect of equality. She rebels against what she feels to be a prospect of permanent inferiority. The Freudians have interpreted this fact as the so-called "castration complex," because girls frequently have the fantasy that the male organs have been surgically removed from them; but this is to mistake the effect for the cause. Almost every girl wishes at times to be a boy, even when she says that she prefers to be a woman, because the masculine position appears to be safer. She shows that she has weighed the advantages and disadvantages of both. In Herder's collection of songs of brides, we cannot help being struck by the fact that they are all sad songs; showing the girl's apprehension that she will not be appreciated or esteemed in marriage. In the crisis between girlhood and womanhood she fears the loss of virginity as if it were the loss of potentiality or dignity. It is this feeling which accounts for various manifestations in women, such as a suspicious attitude, desire to escape from love and marriage, vaginismus, shyness before pregnancy, and also perversions.

Girls often want to dress as boys, to play like boys, and even to be called by boys' names. I was once walking with a five-year-old girl, and she led me to a store with boys' clothing displayed in the window. She asked me to buy her a boy's suit. I resorted to artfulness and said, yes, I would buy it for her if she wanted it, but *no boy* would want to wear a girl's dress. She was silent for a while and then pointed to a boy's overcoat

and said: "Please, won't you at least buy me that coat."

In such a child we may infer that at the age of two or three there had been uncertainty of the unchangeable nature of the sexual rôle, and this uncertainty had influenced the formation of the psychic prototype. If a girl is stimulated to imitate boys by her environment or her education it will increase her difficulties later when she has to face her problem as a human being. Girls should be educated, not as if for a lower function, but with a view and a sense of their special social responsibilities and possibilities. Without this preparation, girls are likely to show the need of it later, especially in adolescence, when they first enter into a little freedom and independence; then they often like to exaggerate masculine ways and manners, and especially to imitate the bad ones, such as drinking and sexual liberties. At the present time, the masculine protest is rampant and widely displayed by women of all ages, who smoke, wear short skirts and short hair and do everything possible to approximate to masculine manners.

A boy of fifteen years old was brought to me from a sanatorium, after having been treated by many physicians for having made unaccountable motions with his hands, contortions of facial expression, and abnormalities of speech; he often screamed without any apparent reason. His symptoms resembled

schizophrenia, but eventually he told me his secret. "I know it is rubbish," he said, "but I believe I am a prophet. No one must know it." In a few days I was able to cure him. He did not wish to associate with others, and he was isolating himself by his extraordinary behavior. He had a younger sister, which is always a difficult position for the older boy. Although his school record was a good one—in fact, he was the best pupil in the school—his determination to play a unique part in life had brought him into universal dislike. His flight into the world of unreality, where alone he could feel a sufficient degree of superiority, was only caused by cowardice. Finally it had become necessary for him to speak a different language from the others, and to regard all his schoolmates together as one victorious and foreign nation, for they had teased and beaten him! Meanwhile at home he felt more and more that his sister was advancing and that for the second time he would lose his superiority, and this upset him altogether. He had no courage to tell his parents that he felt suppressed, and at school he escaped into fancy. In his dream-world, therefore, he made himself a prophet. The singular contortions and grimaces which he had begun to use were modeled upon gestures which he had originally invented to attract his parents' attention to himself.

He was able to take an optimistic line with me, because he felt able to reveal *to me only* the secret of his greatness. On the basis of this mutual confidence

he could discuss and reconsider his relations with others, and with the help of my explanation and encouragement he recovered the natural desire to adapt himself to life. I have had similar cases, in which spoiled children have suffered much from the cruelty of their comrades.

Another case in which neurosis was involved with a prophetic rôle was that of a merchant, forty years old, who came to me for help because he found himself unable to speak to people. In social surroundings he was overcome by a tension like stage-fright; he trembled, was abashed, and felt a sensation of choking. He had married a widow twelve years his senior, who spoiled him very much as his mother had done before. With her and with a very few intimate friends, as well as with his customers, he could converse without any difficulty, but his behavior could not stand the test of any wider circle of society.

I could not find the clue to this strange situation until the man mentioned that he had prophetic dreams. Then I suspected at once that his goal of superiority was to be a prophet, in a privileged and unique relationship with God. I cautiously hinted at this idea to him, beginning with a "perhaps," and he at once replied, "All my friends know that I am a clairvoyant, and so does my wife. Many cases have proved it." This, of course, was the cause of his difficulty. If he spoke freely in society he would be in danger of betraying some error in his knowledge, which might ruin

his fame as a clairvoyant. In the tension of facing this possibility of defeat he choked, and his clairvoyance was thus defended by a mysterious speechlessness.

In the first interviews with a patient we have to make sure whether the case is really one of neurosis. My own practice, after hearing the patient's complaints, is to proceed in one of two ways. If I suspect that there is no real organic derangement, I may temporarily exclude that aspect of the case from consideration, and proceed to investigate the circumstances and style of life. If, on the other hand, there is evident organic disturbance, I consider whether the complaint and suffering is greater than the illness itself would justify, *i.e.,* whether there is present a combination of organic and psychic illness. I have often found more pain than the illness warrants, for instance, and also unaccountable excitement accompanying an injurious illness, which may increase the course of the fever. In organic illness also the appetite varies according to the general outlook, and a serious illness may be prolonged or even fatally influenced if the patient turns pessimistic or becomes psychically lethargic.

In these cases the most urgent need is to find out whether the patient is confronted with a problem which he feels unable to solve. Hardly ever, of course, can we get to this directly. If possible, I discuss the course of the patient's life with him from earliest childhood, noting especially the incidents or phases

which reveal or conceal the most painful sense of weakness and impotence; and at the same time I keep myself alert to the signs of organic inferiority. Wherever we can surely detect a disposition to hesitate, halt, or escape, we have a clue to the present position also. When the illness proves to be both organic and psychic the treatment must proceed upon both lines at the same time. If the disturbance is dominantly or entirely of a psychic nature, I explain to the patient what I have discovered from the first conversation, but in such a way that it cannot be discouraging, and with the greatest care not to tell the patient anything he is not yet able to understand.

To verify my findings, I check one indication by another, eliciting information of most various kinds. I ask, for instance, "What would you do if I cured you immediately?" a question which I may expect will draw a reference to some present problem not hitherto discussed. I ask for the patient's earliest remembrance to get a hint as to the dominant interest in life. I try to understand what is happening by noting what activities, of a kind normally to be expected, are being excluded by the patient. At the same time I am careful to ask myself if I should have been of the same type as I think I have before me, had I been in the same circumstances and following the same style of life. As soon as I feel I have grasped his circumstances, I inquire whether the patient's thoughts, feelings, actions, and characteristics are all working in the same direction, towards the exclusion or at least the post-

ponement of the present problem. The accumulated experiences of Individual Psychologists justify us in looking for this unity in the life-plan, and a wide knowledge of the literature and working tradition of Individual Psychology is of great value in diagnosis, as it helps us to identify the typical neurotic factors, such as the lack of social interest, failure in courage and self-confidence, and rejection of common sense. We can thus more easily comprehend the style of life; and if we always check and verify each impression by others, we shall not be misled into mere generalizations.

The discussion invariably reveals an accented "if." "I would marry *if*"; "I would resume my work *if*"; or "I would sit for my examination *if*"; and so on. The neurotic has always collected some more or less plausible reasons to justify his escape from the challenge of life, but he does not realize what he is doing. The patient must be led very carefully, and it is the duty of the psychologist to train his patient in the faculty of simple and direct explanation.

The psychotherapist must lose all thought of himself and all sensitiveness about his ascendancy, and must never demand anything of the patient. His is a belated assumption of the maternal function, and he must work with a corresponding devotion to the patient's needs. What the Freudians call transference (so far as we can discuss it apart from sexual implications) is merely social feeling. The patient's social

feeling, which is always present in some degree, finds its best possible expression in the relation with the psychologist. The so-called "resistance" is only lack of courage to return to the useful side of life; which causes the patient to put up a defense against treatment, for fear that his relation with the psychologist should force him into some useful activity in which he will be defeated. For this reason we must never force a patient, but guide him very gently towards his easiest approach to usefulness. If we apply force he is certain to escape. My own practice, also, is never to advise marriage or free relations. I find it always leads to bad results. A person who is told that he should marry or seek sexual experience is quite likely to develop impotence. The first rule in treatment is to win the patient; the second is for the psychologist never to worry about his own success: if he does so he forfeits it.

The elimination of all constraint, the freest possible relationship—these are the indispensable conditions between patient and physician. For a cure depends upon their unity in understanding the patient's goal which has been hitherto a heavily guarded secret. I have already alluded to this necessity for the truth underlying the individual life-style in reference to the treatment of drunkenness, morphia-taking, and similar habits. Merely to take away the poison and say some encouraging words is useless. The patient must realize *why* he took to drink. Insufficient also would be his recognition of the general principles of Individual

Psychology, that those who turn inebriate have lost social courage and interest, or succumbed to fear of an imminent defeat. It is easy for the physician to say, and even for the patient to believe, that he turned to drink because of a sense of inferiority which originated in childhood, but nothing will come out of the mere phraseology. The physician must grasp the special structure and development of that individual life with such accuracy, and express it with such lucidity, that the patient knows he is plainly understood and recognizes his own mistake. When patients or practitioners come to me and say, "We have explained everything," or "We quite understand, and yet we cannot succeed," I consider their statements ridiculous. Always if I go into such a case of failure I find that neither physician nor patient has understood the matter nor explained anything. Sometimes the patient has felt inferior and suppressed by the physician, and resisted all true explanation. Occasionally the tables have been turned and the patient has been treating the doctor! Not infrequently an inexperienced practitioner teaches the patient the theories of Individual Psychology, in such phrases as "You lack social courage, you are not interested in others, you feel inferior," and so forth, which may be worse than useless. A real explanation must be so clear that the patient knows and feels his own experience in it instantly.

I treated a case of drunkenness in a man thirty-two years of age, very intelligent, well-educated and perfectly healthy, who had regular bouts of drinking at

intervals of four weeks. He had had many treatments and remedies, including injections of the extracts of various glands. He had spent months in the lock-up, but nothing had changed his habits.

The man was very shy, trembled, and smoked cigarettes incessantly. This behavior confirmed the impression I had formed at the first glance, that he felt me as a superior and an enemy; and he clung to his cigarette, not to be submerged by his feeling of comparative worthlessness. In answer to my questions he said he had no friends and did not go into society, had no occupation, and was not in love. He preferred to remain alone, and if he was urged to join in any social gathering he became highly excited. He lived extravagantly at the expense of his parents, paying the highest prices for more or less useless things whenever he chose to do so. We can guess his answer to the sexual problem: it was masturbation, which is the style of sexual life adapted to confirm isolation and to avoid love and marriage.

Such a way of living usually originates in the prototypic attitude of a pampered child, who feels obliged to keep out of the firing-line of life because he is not prepared for it. This man made his escape, by being a drunkard. When he came to face the problems of society, work, and love, unsupported by others, strained situations and tense attitudes were his intermittent and periodical experiences, so that uncontrollable bouts of drunkenness were an appropriate solution of his problem on the useless side of life.

The usual tensions of every day were not severe enough to drive him to drink, and he was able to use his sober intervals to display good intentions of giving up the habit altogether. He did not strive to make his environment hopeless, as the fighting type of child often does, but was able to continue in his own line of error by means of these intervals of remorse and repentance, which always induced others to give him another chance and to hope that "this time really was the last." The drunkenness would begin sometimes when he was expected to go into society, and sometimes when actually in company with others or at a party. It appeared when there was a demand of duty, or if he met a girl who regarded him as a possible husband; and when he was short of money and his parents did not wire a remittance to him quickly enough, he also resorted immediately to drink. He was partly conscious of the use he was making of his indulgence, but he never understood its general tendency as an escape, nor that he was always ready to compromise himself and make himself impossible.

His evident aim was to be relieved of every duty and to be supported for his own sake alone. Self-centered and wholly lacking social adjustment, he had nevertheless attained a goal of superiority by the elimination of defeat. He had no defeat in society for he did not enter it; no defeat in work, for he had no occupation; no defeat in love—he avoided it. Subjectively, he triumphed over life, lived it upon his own terms

entirely; but objectively, of course, the terms he obtained were almost the worst possible.

He proved to have been a spoiled child, who wanted to face every situation by means of parental support. He was an only boy among three sisters. He was carefully educated and succeeded at school because the teachers were persuaded by the parents to pamper him. When he grew out of his sheltered years life looked impossible to him, so he made his escape. This patient's father used to drink, and he knew from an early age how this habit worried his mother and occupied her thoughts with the father. One day before a school examination he got drunk for the first time. His mother was much worried, believing that this was an hereditary taint in his disposition, and took greater care of him in the hope of curing him. Not to lose this success, the patient continued to drink.

This man's earliest memory referred to a time when his parents were away, and he was left to the care of his grandmother. He did not feel well during this period. Once, when his grandmother criticized him, he packed up some of his belongings and ran away, and the grandmother had to follow him. He was four years old at the time, and this recollection indicates his prototypic attitude to life. Whenever he did not feel spoiled he escaped into drunkenness. All neurotic persons who have developed from a pampered prototype expect to be appreciated *before* they will do anything of social value instead of *after* having done it,

thus expecting the natural course of things to be reversed in their own favor.

This patient had to be trained to feel at home in the wider environment of the world, and encouraged until he could afford to recognize its real and necessary demands. This, as I have said before, involves the assumption by the psychologist of the two maternal functions: first, winning the patient's trust as a fellow-man, and then, directing this new confidence towards other persons and towards the advantages and disadvantages of real life. His mother had failed in the second function and it had devolved upon me.

In the beginning of the treatment there was a possibility that he might hurt himself or others with a more desperate escape into intoxication than ever, and steps had to be taken to watch him. No rule can be given how best to do this, but whatever is done must be arranged with the agreement of the patient. Otherwise the patient would fight the physician in the same way that he fought the parents, by exploiting his own weakness—the drunkenness. If it is necessary to keep him under supervision against his will—in an asylum, for instance—let someone else place him there. The physician must in no way interfere with him, and then he will not be hindered by his antagonism.

In relation to nature as a whole, man is in an inferior position, so that he is obliged to develop on the side of strategy and trickery. In our overintellectualized civilization especially, practically everyone is won-

derfully adept in the use of his own individual tricks: the really important differences of conduct are not those of individual cleverness but of usefulness or uselessness. By useful I mean in the interests of mankind generally. The most sensible estimate of the value of any activity is its helpfulness to all mankind, present and future, a criterion that applies not only to that which subserves the immediate preservation of life, but also to higher activities such as religion, science, and art. It is true that we cannot always decide what is strictly worth while from this point of view. But we know when we are guided by the impulse to act usefully, and the better a person's social adjustment is, the nearer he approaches to true perception. A person who is on the path of self-isolation and withdrawal may perhaps get to know or acquire valuable potentialities, but even then society does not benefit by these new possibilities until they are realized through the socially directed activity of himself or of others.

Whether a given line of life is really due to a social or an asocial impulse is shown by contact with reality. A life may develop remarkably well or ill, perhaps at a late stage, and people are astonished by it, and try to explain it by chance, by inherited tendencies, or by destiny, when it is really due to the inherent social or antisocial feeling in the goal of the individual. And the asocial tendencies and mistakes which we can trace in the early life of a child are also to be seen in the behavior of a whole family or in the thought of a nation. The only way in which we can hope to avoid

these mistakes is by learning to increase our social feeling, which alone can save us from worthless and injurious activities.

It is almost impossible to exaggerate the value of an increase in social feeling. The mind improves, for intelligence is a communal function. The feeling of worth and value is heightened, giving courage and an optimistic view, and there is a sense of acquiescence in the common advantages and drawbacks of our lot. The individual feels at home in life and feels his existence to be worth while just so far as he is useful to others and is overcoming common instead of private feelings of inferiority. Not only the ethical nature, but the right attitude in esthetics, the best understanding of the beautiful and the ugly, will always be founded upon the truest social feeling.

While the child is wholly embedded in the family group it is not easy to be sure whether it is developing social feeling and useful interest: this only appears with certainty when the first new situation is encountered. This is generally the arrival of a baby brother or sister, or the entrance into kindergarten or school. In one or another of these situations the child either passes or fails in his first examination in fitness for life. A child who refuses to go to school, does not pay attention when he is there, works badly or will not associate with his schoolfellows, shows the inadequacy of his preparation. If allowed to develop such a plan of life he may very probably be unable to take his place in society.

Neurosis invariably gives relief to the subject, not, of course, in the light of objectivity and common sense, but according to his own private logic: it secures some triumph or at least it allays the fear of defeat. Thus neurosis is the weapon of the coward, and the weapon most used by the weak. We cannot ignore the heavily veiled aggressive or vindictive element in most neuroses.

I had a case of a medical student who wanted to commit suicide, an undersized man, who consequently wanted to be tall. He was very much spoiled by his mother, who was the wife of a physician, a tyrannical husband with whom she was not happy. One day the cook came into the room screaming and crying out that the father had made a sexual assault upon her. From this time the mother went into depression and cried continually. The boy could not understand this, and wanted me to explain it to him. He had already asked his mother how she could be so much depressed by the unfaithfulness of a husband for whom she neither had nor professed any affection; but she interrupted his question by screaming, "You cannot possibly understand this!" The student said, in answer to my inquiry whether the father's behavior was as brutal or rough as before, that on the contrary he was very quiet, calm, and considerate.

"Do you think," I then asked, "that your mother will give up her only means of taming this tyrant? She pays the price with her depression, but she feels that she is the conqueror. You are doing something

very similar. You used to be your mother's favorite, but now you are alone in a foreign city, deprived of the attentions of your mother, who is so busy taming your father. You are failing in your work at the university, and are not prepared to be independent, so you wish to impress your mother with your suicidal impulses just as your mother impresses your father with her depression. You have been trained, as pampered children often are, to succeed by a display of weakness."

In the investigation of a neurotic style of life we must always suspect an opponent, and note who suffers most because of the patient's condition. Usually this is a member of the family, and sometimes a person of the other sex, though there are cases in which the illness is an attack upon society as a whole. There is always this element of concealed accusation in neurosis, the patient feeling as though he were deprived of his *right—i.e.,* of the center of attention—and wanting to fix the responsibility and blame upon someone. By such hidden vengeance and accusation, by excluding social activity while fighting against persons and rules, the problem-child and the neurotic find some relief from their dissatisfaction. There are cases in which the revenge-motive is fairly obvious, as it was with a neurotic woman I treated whose marriage was entirely unhappy, and yet she would never divorce her husband, preferring to remain a continual accusa-

tion against him. It must be remembered, however, that neurotics generally, like perverts, drunkards, and morphia-maniacs, have not wholly denied their social feeling, which still keeps them from crime and suicide.

CHAPTER VI

Depression as a superiority-device.—Guilt complexes.—The begging style of life.—Polygamous desires.—Another case of begging.—The emotions in neurosis.—Agoraphobia.—A development towards homosexuality.—Air-swallowing (aerophagia).

A CURIOUS case of depression which I once treated illustrates very clearly how sadness may be used to heighten the feeling of superiority. This was the case of a man of fifty, who said he felt perfectly healthy except when he was in a notably comfortable situation. It was when he was at a concert or theater with his family, for instance, that a fit of melancholy would descend upon him; and in such depression he always remembered an intimate friend who had died when he was twenty-five. This friend had been his rival, not only in business but as a suitor for the hand of his wife—an unsuccessful rival, however, for by the time he contracted his fatal illness, my patient already had the advantage over him both in love and in business.

Success had been his lot, both before and after the friend's death; he was the favorite of his parents, unsurpassed by brothers and sisters, and prosperous in the world. His wife, however, was an ambitious character who strove to solve every domestic problem by a personal triumph or conquest, moral or otherwise; and

between two such persons, the struggle was naturally continuous and severe. The wife sometimes gained the ascendancy very cleverly, not by quarreling or domineering in any way, but by becoming very nervous in disadvantageous situations, and conquering him by her painful condition. She never expressed her excessive jealousies, but sought to shackle him as required by her fits of anxiety. Thus, successful as he was in all but one relation of life, the man felt uncertain of having reached his goal of superiority, and his excessive ambition was demanding compensation.

I know that many psychologists would seek for a "guilt complex" to explain this depression. They would investigate the patient's childhood to find out a very early desire to kill someone—probably the father. This patient, however, had been the favorite of his father, and there was not the least reason why he should ever have desired his death, as he had always been able to manage him in his own interest. Such a mistaken search for a "guilt complex" might also lead a psychologist to think that the patient had secretly wished to murder his friend and rival; and that after having triumphed over him and having had the death-wish granted by fate, he remained still unsatisfied. If that were so, the guilt complex might be developed by the striving of the patient to see himself in an intenser light. He would want to express his good feeling and liking for his former rival with the highest sincerity and honesty; and at the same time he would be shaken by the memory of his rival's fatal end and the thoughts

which he had been unable wholly to dismiss before it happened. This would amount to the complicated state of self-accusation, and repentance at the same time, which we call a guilt complex, which is always a superiority-striving on the useless side of life. As I have already observed, it means: "I have reached the summit of error" or "My virtue is so lofty that this slight stain upon it is killing me."

However, in this case I found no indications of the kind, and the man's valuation of honesty as a virtue was not abnormally developed. His depressions were an attempt to show himself superior to his wife. To be depressed in very favorable situations called attention to his good fortune much more than if he had allowed himself to enjoy them. Everyone was surprised at his depression, and he constantly asked himself, "You happy being, *why* are you depressed when you have everything you want?" The unmanageable wife was the one sorrow in his comfortable life, and he compensated for this by *remembering his victory* in the most difficult phase of his history—when he outstripped his friend and won the woman from him. Loyalty forbade him to rejoice in the memory of his dead friend; but he could nevertheless feed upon this ancient triumph by being depressed in the box of the theater. The more melancholy he was and the brighter the occasion, the more he was able to think of his past conquest and to elevate the consciousness of his estate. Deeper inquiries confirmed my conclusion. His friend had died from paralysis after syphilis,

a disease which they had both contracted at the same time. My patient was cured, however; and now, surrounded by his healthy wife and six children, could not but recall, together with the triumph over his friend, his conquest of the disease.

Such, then, were his consolations. In his marriage this man did not feel superior; but at least his wife was the woman his friend had desired, and she had chosen him instead. By contemplating his friend's disaster in a discreet gloom he heightened the sense of victory. Consolation of this nature is on the useless side, however, and tends, as we see, towards disease.

A man of thirty-six came to me for advice about sexual impotence after having tried various treatments. He was a self-made man, in a good position, and physically healthy, but not very well educated, and he had a love relation with a well-educated girl. He was a second child between two girls, and had lost both parents at the age of five. He remembered that his family had been very poor, but that he had been a spoiled child, very pretty and quiet, to whom the neighbors liked to give presents; and that he exploited their generosity, behaving like a beggar. One of his earliest remembrances was of walking the streets on Christmas Eve and looking into the shop windows at the Christmas trees destined *for others*. In the orphanage, to which he was transferred at the age of five, he was strictly treated, but his habitual docility and the striving nature he possessed as a second child enabled him to surpass others. His servility stood

him in good stead, for he was promoted to be the principal servant of the institution. In this occupation he had sometimes to wait for a long time at an old and deserted railway station in the country; and at these times, when only the humming of the telegraph wires relieved the dead stillness of the night, he felt utterly isolated and alone in a friendless world. He preserved strong memories of this experience.

Often, in later life, he complained of buzzing in the ears, for which no aurist could find the cause. It proved, however, to be quite coherent with his style of life. When he felt isolated, which happened very often, the memory of the humming wires returned with all the liveliness of an hallucination. After this had been explained to him, and he had been a little more socially reconciled and encouraged to marry his sweetheart, the humming ceased.

It is quite usual for children who are brought up in an orphanage to make the strongest efforts to hide the fact, as though it were a disgrace. This man justified his concealment by asserting that many orphans do not succeed in later life. He regarded failure in life as the inexorable fate of orphans, which gave him his tense and striving attitude in business. For the same reason he halted before the problem of love and marriage, and his neurotic impotence was the immediate result of this profound hesitation.

This man's style of life, as we have seen, was to be a beggar. In business, however (as previously in the orphanage), begging had paved the way to domina-

tion. In business he enjoyed nothing more than a begging attitude on the part of his subordinates. He was only a beggar until he could be a conqueror, and he played the second rôle as heartily as the first. There is no need to drag in the idea of "ambivalent" characteristics, as some psychologists would do immediately. Rightly understood, the whole of this mental process—working from below to above, expressing an inferiority but compensating with a superiority—is not ambivalence but a dynamic unity. Only if it is not understood as a whole do we see it as two contradictory and warring entities. In his business we find the man with a "superiority complex"; but if he were to lose his position and have to start again he would promptly go back to the expression of inferiority and make capital out of it. In his love-problem he was, for the time being, upon the submissive line of action, begging for love, but trying to reach domination. His sweetheart liked him and wanted to marry him, so she responded to his hesitancy by taking up more and more of a begging attitude towards him! He was well on the way, in fact, towards getting the upper hand with her, and frequently did so in minor matters.

He had still not overcome his hesitant attitude; but after having had his style of life explained to him and having been encouraged, his state improved and his impotence disappeared. He then set up a second resistance, which was that every woman attracted him, and these polygamous desires were an escape from marriage. At this time he dreamed that he was lying upon

a couch in my room, and he became sexually excited and had a pollution.

There is no couch in my consulting room. My patients sit, stand, or move about as they please; but the couch in this dream was in the room of a doctor who had formerly treated him for a few months. This dream extracted a confession which he had never made before. He believed that both the other doctor and I belonged to a secret society, the object of which was to cure patients such as himself by providing sexual intercourse for them. For this reason he had been trying to find out which of my woman patients would be chosen for him. The fact that he missed the couch in my room was like an accusation against me. I was not the right doctor. He had come to me *begging,* expecting me to settle his difficulties, take over his responsibilities, and to assist him to escape from marriage. My collusion in stopping his marriage was to go to the length of being his procurer, a fantasy to which his fright, his impotence, and his polygamous tendencies were all contributory. Failing that, he would solve his sexual problem by pollutions, as others might resort to masturbation or perversion.

He married, but it was difficult to prevent him from developing a tyrannical attitude towards his conciliatory wife.

Another case of the begging attitude was brought to me by a man fifty years old, the youngest of a very poor family. He had been indulged by his mother and

the neighbors because of an apparent weakness, and early developed a very timid manner. He always tried to lean upon his mother and to appeal to the sympathies of weak persons, especially in difficult times when he exhibited great depression and cried until help came. We have already seen the use which is made of crying by both children and adults. This man's earliest memory was that he had fallen down and hurt himself. The choice of this incident to treasure in the memory out of all possible recollections is explained only by his desire to impress himself with the danger of life. His technique of life was to perfect himself in the rôle of a beggar, to attract support, consolation and favor by calling attention to his infirmities. Every incident was made into a matter for tears.

As a child the man had been very backward in learning to talk, and his mother, as always happens in such cases, had to attend all the more carefully to him to find out what he wanted. In this way he was able to feel like a little king. As Lessing said, "The real beggar is the only real king." He became a master of the begging art, expressing his inferiority in the power of his plight over others. "How can I make the poor weak child a king?" was the problem of life as he saw it, and he answered it by elaborating his own individual and essentially mendicant style.

This is one way of living, and so early an apprentice becomes a past master of its technique. He will not change it, unless the cost becomes clearly too great, when he may be brought to see that his childish method

is inadequate for present problems. Otherwise change is impossible for him, because he has all his life ascribed every success to the begging art and every failure to lack of proficiency in it. Such a goal as this is not calculable from the inheritance or the environmental stimuli, for the child's individual conception of the future is the dominant causal factor, and this patient's conception was such that whenever he wanted to attain superiority he had to make a mistake or get himself into a mess of some kind. All his feelings were appropriately ordered towards the goal of thus getting something for nothing.

After a few days' treatment this man was very much impressed by what I told him; and he sent me a pamphlet he had written some years before. It was entitled "An Association of Beggars."

Habitual criticism, anger, and envy are indications of a useless striving for superiority: they are motions towards the suppression of others, either in reality or fancy, so as to be supreme. Useful criticism of a constructive tendency is always in some comprehensible relation with social feeling, but where the motive is merely relative self-elevation by lowering or degrading others the tendency is neurotic. Neurotics often make use of the truth in order to undervalue others, and it is important, when checking a neurotic criticism, not to overlook the element of truth in the observation.

Anger is usually a sign that the person who is angry

feels at a disadvantage—at least temporarily. Neurotics use it freely as a weapon to intimidate those who are responsible for them. Although occasional anger is an understandable attitude in certain critical relations, when it is habitual it is a sign of anxiety, of impatience, or of feelings of helplessness or suppression. Patients of this habit are often very clever in the selection of vulnerable points to attack in others, and are also great strategists in preparing such situations that they put others slightly in the wrong before they begin a fight.

Envy is universally an expression of inferiority, though it may sometimes be a stimulus to useful action. In neurosis, however, envy of another's good does not go so far as practical emulation. It stops like a train before the journey's end, leaving the patient irritable and depressed.

In a certain popular music-hall turn the "strong man" comes on and lifts an enormous weight with care and immense difficulty, and then, during the hearty applause of the audience, a child comes in and gives away the fraud by carrying the dummy weight off with one hand. There are plenty of neurotics who swindle us with such weights, and who are adepts in the art of appearing overburdened. They could really dance with the load under which they stagger like Atlas bearing the world on his shoulders. Yet it cannot be denied that neurotics feel their burden very keenly. They may be continually tired. They may

sometimes perspire very freely, and their symptoms may suggest the possibility of tuberculosis. Every movement is very tiring, and they often suffer from palpitation of the heart. Usually depressed, they continually demand more zealous care from others, and yet find it continually insufficient.

I had a case of agoraphobia in a man of fifty-three, who found that he could not breathe properly when he was in company with others. He was living with his sister, and had a son whose characteristics were very much like his own. When I investigated the cause of this man's unusual concentration of interest upon himself, I found that he had been orphaned at ten years of age, and there were two elder brothers in the home. It was when they quarreled that he had had his first attack. This indicates the tendency to meet a difficult situation by breakdown. The man was the youngest of a family of eight, and educated by his grandfather. A grandparent is almost invariably a spoiling foster-parent. The patient's father and mother had been happily married; the father was superior and the mother rather cold, so the boy was attracted to his father.

A child's first good-fellowship in life is always with the mother if she is present, so that if it inclines more towards the father we may assume that the mother does not give the child sufficient attention: she is probably unkind, otherwise occupied, or more attentive to a younger child. In such circumstances the child turns to the father if possible, and in this case the resistance to the mother was very marked.

People are often unable correctly to remember their earliest situations, but experience enables us to reconstruct their circumstances from comparatively slight indications. One man said he could remember only three incidents from early childhood which had deeply impressed his memory. The first of these occurred at the age of three, when his brother died. He was with his grandfather on the day of the funeral, when his mother returned from the cemetery, sorrowful and sobbing, and when the grandfather kissed her, whispering some words of kindness and consolation, the boy saw that his mother smiled a little. He was very much upset by this, and for long afterwards resented his mother's smile on the day that her child was buried. A second memory that he had preserved was of a friendly reproof from his uncle, who had asked him, "Why are you always so rough towards your mother?" A third remembrance from the same period of his life related to a quarrel between his parents, after which he turned to his father, saying, "You were brave, daddy, like a soldier!" He depended much upon his father, and was pampered by him; and he always admired his father more than his mother, although he realized that his mother's character was of a better type.

All these memories, which appeared to date from his third or fourth year, showed the fighting attitude towards the mother. The first and the third remembrances were clearly ruled by his goal, which was to criticize the mother and to justify him in turning

towards the father. His reason for turning away from the mother is easy to guess: he had been too much spoiled by her to be able to put up with the younger brother's appearance upon the scene—that same younger brother who figures in an apparently innocent manner in the first recollection.

This patient had married at the age of twenty-four, and marriage had disappointed him, because of his wife's demands upon him. Marriage between two spoiled children is always unhappy, because both remain in the expectant attitude and neither begins to give. This man went through varied experiences and tried different occupations without success. His wife was not sympathetic, and complained that she would rather be the mistress of a rich man than the wife of a poor one, and the union ended in a divorce. Although the man was not really poor, he was very stingy towards his wife, and she divorced him by way of revenge.

After his divorce he turned misogynistic, and developed homosexual tendencies; he had no actual relationships with men, but felt a desire to embrace men. This homosexual trend was as usual a kind of cowardliness. He had been twice defeated and balked by women—first by his mother and afterwards by his wife—and he was now trying to divert his sexuality towards men so as to evade women and further possibilities of humiliation. To confirm himself in such a tendency a man can easily falsify the past by recollecting and magnifying the importance of certain common expe-

riences which are then taken by him as proofs of inborn homosexual tendencies. Thus, this patient remembered that he had been in love with a schoolmaster, and that in his youth a boy friend had seduced him into mutual masturbation.

The determining factor in this man's behavior was that he was a spoiled child who wanted everything for nothing. His agoraphobia resulted from the fear of meeting women on the one hand, and on the other hand it was also dangerous to meet men, because of possible erotic inclination towards them. In this tension of feelings about going out of doors he developed stomach and respiratory troubles. Many nervous people begin to swallow air when they get into a state of tension, which causes flatulence, stomach trouble, anxiety, and palpitation, besides affecting the breathing. When I made him realize that this was his condition he asked the usual question: "What shall I do not to swallow air?" Sometimes I reply: "I can tell you how to mount a horse, but I can't tell you how *not* to mount a horse." Or sometimes I advise: "If you want to go out, and feel in a conflict about it, swallow some air quickly." This man, like some other patients, swallowed air even in sleep, but after my advice he began to control himself, and discontinued the habit. Air-swallowing at night and vomiting upon waking occur in these patients who suffer from stomach trouble and anxiety when they are bothered by a difficulty which must be confronted upon the following day. The patient in question began to recuperate when he came to understand

that, as a pampered child, he expected continually to take without giving. He now realized that he had first stopped his normal sexual life, looking for something easier, and afterwards adopted a fictitious homosexuality in which he also stopped short of danger, the whole process being an elaborate way of coming to a standstill. The last obstacle to be removed was his fear of mixing with strangers who did not care for him, such as the people in the streets. This fear is produced by the deeper motive of agoraphobia, which is to exclude all situations in which one is not the center of attention.

CHAPTER VII

The psychology of family position.—The first child.—Its dethronement.—A second child unable to overtake the first.—The eldest a conservative.—The second child.—A second child's neurosis.—Second child a revolutionary.—The youngest child.—Youngest child a conqueror in myth and folk-lore.—A spoiled youngest child with imaginary cancer.—The only child.—Its educational problem.—Development of homosexuality.—Self-perversion.—Disastrous cases.—Influence of other factors in home environment.—Effect of superstitions or fanatical ideas.

IT is a common fallacy to imagine that children of the same family are formed in the same environment. Of course there is much which is the same for all in the same home, but the psychic situation of each child is individual and differs from that of others, because of the order of their succession.

There has been some misunderstanding of my custom of classification according to position in the family. It is not, of course, the child's number in the order of successive births which influences his character, but the situation into which he is born. Thus, if the eldest child is feeble-minded or suppressed, the second child may acquire a style of life similar to that of an eldest child; and in a large family, if two are born much later than the rest, and grow up together separated from the older children, the elder of these may develop like a first child. This also happens sometimes in the case of twins.

The first child has the unique position of having been alone at the beginning. Being thus a central interest he is generally spoiled. In this he resembles the only child, and spoiling is almost inevitable in both cases. The first child, however, usually suffers an important change of situation, being dethroned when the second baby is born. The child is generally quite unprepared for this change, and feels that he has lost his position as the center of love and attention. Great tension then arises in his mind, and a striving to regain favor. He uses all the means by which he has hitherto attracted notice. Of course he would like to go the best way about it, to be beloved for his goodness; but this is apt to pass unnoticed when everyone is busied with the newcomer; and he is then likely to change his tactics, to resort to old activities which attracted even unfavorable attention, and to increase these more and more.

If intelligent, he acts intelligently, but not in harmony with the family's demands. Antagonism, disobedience, attacks on the baby, or even attempts to play the part of a baby, compel the parents to reconsider his existence. He must have the spotlight upon himself, even at the cost of expressing weakness or imitating a return to babyhood. Thus, hypnotized by the past, he attains his goal in the present by unsuitable means; suddenly showing inability to function alone, needing assistance in eating and excretion and requiring to be constantly watched, or compelling solicitude by getting into danger and terrifying the parents. The ap-

pearance of such characteristics as jealousy, envy, or egoism has an obvious relation to the circumstances, but he may also indulge in—or prolong—illnesses such as asthma and whooping-cough. The tension in certain types may produce headache, migraine, stomach trouble, petit mal, and hysterical chorea. Slighter symptoms are evinced in a tired appearance and a general change of behavior for the worse, with which the child impresses his parents. Naturally, the later the rival baby is born, the more intelligent and understandable will be the first child's change in behavior. If dethroned very early, the eldest child's efforts are of a more instinctive character. The style of his striving will in any case be conditioned by the reaction of others in the environment and the way in which he estimates it. If, for instance, the dethroned child finds that he can win in a fight, he will become a fighting child; if fighting does not pay, he may lose hope, become depressed, and score a success by worrying and frightening the parents, after which he will resort to ever more subtle uses of misfortune to gain his end.

The activity of such a prototype in later life was shown in the case of a man who became afraid to swallow for fear of choking. Why did he select this symptom instead of another? The patient had an immediate social difficulty in the behavior of an intimate friend, who attacked him violently. Both the patient and his wife had come to the conclusion that he must put up with it no longer, but he did not feel strong enough to face the struggle. Upon inquiry into his childhood, it

appeared that he had had such a difficulty about swallowing before. He was the eldest child, and had been surpassed by his younger brother, and then he had been able, by this difficulty in eating, to make his father and mother watch over him. Now faced with a personal defeat in later life, and not knowing what to do about it, he fell back upon this old line of defense, as though it might make someone watch over him and help him.

The dethronement of the first child by another may make it turn away from the mother towards the father, and a very critical attitude towards the mother will then persist ever after. A person of this type is always afraid of being put back in life; and we notice that in all his affairs he likes to make one step forward and then one backward, so that nothing decisive can happen. He always feels justified in fearing that a favorable situation will change. Towards all the three life-questions he will take up a hesitative attitude, with certain problematic and neurotic tendencies. The latter will be felt by him as a help and a security. He will approach society, for example, with a hostile attitude; in regard to his occupation, he will be always changing; and in his erotic life he will find lack of function, and polygamous tendencies—if he falls in love with one person he very quickly falls in love with another. Dubious and unwilling to decide anything, he becomes a great procrastinator. I had a very perfect example of this type once, and his earliest remembrance was this: "At three years of age I caught

scarlet fever. My mother gave me the carbolic acid in mistake for a gargle, and I nearly died." He had a younger sister who was the favorite of his mother. Later in life this patient had developed a curious fantasy of a young girl ruling and bullying an older one. Sometimes he imagined her riding the old woman like a horse.

The eldest child may, however, be so firmly fixed in the parents' favor that he cannot be supplanted. This may be either by virtue of his own good endowment and development, or by the second child's inferiority, if the latter is ugly, organically handicapped, or badly brought up. In such a case it is the second child who becomes the problem, and the eldest may have a very satisfactory development, as in the following case:

Of two brothers, differing four years in age, the elder had been much attached to the mother, and when the younger was born the father had been ill for some time, which took the entire time and most of the attention of the mother. The elder boy, trained in friendship and obedience to her, tried to help and relieve her, and the younger boy was put into the care of a nurse, who spoiled him. This situation lasted for some years, so that the younger child had no reasonable chance to compete with the elder for the love of the mother; and he soon abandoned the useful side of life, and became wild and disobedient. His behavior became still worse four years later, when a little sister was born, to whom the mother was able to devote herself owing to the death of the father. Thus twice excluded from the

mother's attention and spoiled by the nurse, we need not be surprised that this second child was the worst pupil in his class, while the elder boy was always the best. Feeling hopelessly handicapped in competition with his brother, unloved at home, and reproached at the school (from which he was finally expelled), this second son could find no goal in life but to worry his mother. Being physically stronger than both the brother and sister, he took to tyrannizing over them. He trifled away his time, and at puberty he began to waste money and to incur debts. His honest and well-meaning parent, provided a very strict tutor for him who did not, of course, grasp the situation, and dealt with it superficially by punishments. So the boy grew into a man who strove to get rich quickly and easily. He fell an easy prey to unscrupulous advisers, followed them into fruitless enterprises, and not only lost his money but involved his mother in his dishonorable debts.

The facts of the case clearly showed that all the courage this man ever had was dictated by his unsatisfied desire to conquer. This was most clearly shown in a queer game which he played from time to time, especially when things went against him. His nurse was now an old woman, earning her living in the family as a superior servant, and she still worshiped the second boy and always interceded for him in his numerous scrapes. The odd sport in which he indulged was to lock her in a room with him and make her play at soldiers with him, commanding her to march, to fall

and to jump up again at his orders; and sometimes he quickened her obedience by beating her with a stick. She always obeyed although she screamed and resisted.

This singular sport revealed what he really wanted, the completest domination in the easiest way. Some writers would describe this as sadistic conduct, but I demur at the use of a word which implies a sexual interest, for I could discover nothing of the kind in it. In sexual matters the man was practically normal, except that he changed his objective too frequently and always chose inferiors. Genuine sadism itself is a domineering tendency availing itself of the sexual urge for its expression, owing to the discouragement of the individual in other spheres.

In the end this man brought himself into very bad circumstances, while the elder brother became very successful and highly respected.

The eldest child, partly because he often finds himself acting as representative of the parental authority, is normally a great believer in power and the laws. The intuitive perception of this fact is shown in the ancient and persistent custom of primogeniture. It is often observable in literature. Thus Theodore Fontane wrote of his perplexity at his father's pleasure in hearing that ten thousand Poles had defeated twenty thousand Russians. His father was a French emigrant who had sided with the Poles, but to the writer it was an inconceivable idea that the stronger could be beaten; he felt that might must, and ought to, succeed. This was because Theodore Fontane was a first child. In

any case the eldest child is readier than others to recognize power, and likes to support it. This is shown in the lives of scientists, politicians, and artists, as well as in those of simpler people. Even if the person is a revolutionary we find a conservative tendency, as in the case of Robespierre.

The second child is in a very different situation, never having had the experience of being the only one. Though he is also petted at first, he is never the sole center of attention. Life from the first is more or less of a race; the first child sets the pace, and the second tries to surpass him. What results from the competition between two such children depends on their courage and self-confidence. If the elder becomes discouraged he will be in a serious situation, especially if the younger is really strong and outstrips him.

If the second child loses hope of equality he will try to *shine* more rather than to *be* more. That is, if the elder is too strong for him, the younger will tend to escape to the useless side of life, and in our problem cases laziness, lying or stealing will begin to pave the way towards neurosis, crime, and self-destruction.

As a rule, however, the second child is in a better position than the first. His pacemaker stimulates him to effort. Also, it is a common thing for the first child to hasten his own dethronement by fighting against it with envy, jealousy, and truculence, which lower him in the parental favor. It is when the first child is brilliant that the second child is in the worst situation.

But the elder child is not always the worst sufferer, even when dethroned. I saw this in the case of a girl who had been the center of attention and extremely spoiled until she reached the age of three, when a sister was born. After the birth of her sister she became very jealous and developed into a problem-child. The younger sister grew up with sweet and charming manners, and was much the more beloved of the two. But when this younger sister came to school the situation was not to her taste: she was no longer spoiled, and being unprepared to encounter difficulties was frightened and tried to withdraw. To escape defeat both in fact and in appearance, she adopted a device very common among the discouraged—she never finished anything she was doing, so that it always escaped final judgment, and she wasted as much time as possible. We find that time is the great enemy of such people, for under social conditions they feel as if time were persecuting them continually with the question, "How will you use me?" Hence their strange efforts to "kill time" with silly activities. This girl always came late and postponed every action. She did not antagonize anyone, even if reproved, but her charm and sweetness, which were maintained as before, did not prevent her from being a greater worry and burden than her fighting sister.

When the elder sister became engaged to be married the younger was desperately unhappy. Though she had won the first stage of the race with her rival by gentleness and obedience, she had given up in the

later stages of school and social life. She felt her sister's marriage as a defeat, and that her only hope of regaining ground would be to marry also. However, she had not courage enough to choose a suitable partner, and instinctively sought a second-best. First she fell in love with a man suffering seriously from tuberculosis. Can we regard this as a step forward? Does it contradict her preestablished custom of leaving every task unfinished? Not at all: the poor health of her lover and her parents' natural resistance to the match were sure causes of delay and frustration. She preferred an element of impossibility in her choice. Another scarcely eligible partner appeared later in her life, in a man thirty years older than herself and apparently senile. However, this one did not die, and the marriage took place; but it was not a great success for her, as the attitude of hopelessness in which she had trained herself did not allow her any useful activity. It also inhibited her sexual life, which she considered disgusting, feeling humiliated and soiled by it. She used her usual methods to evade love and postpone relations at the appropriate times. She did not quite succeed in this, however, and became pregnant, which she regarded as another hopeless event, and from that time onward not only rejected caresses but complained that she felt soiled, and began to wash and clean all day long. She not only washed herself, but cleaned everything that had been touched by her husband, by the maid servant or the visitors, including furniture, linen, and shoes. Soon she allowed no one to touch any

of the objects in her room, and lived in a neurosis of washing-compulsion. Thus she was excused from the solution of her problems, and attained a very lofty goal of superiority—she felt more fastidiously clean than anyone else.

Exaggerated striving for a lofty goal of high distinctiveness is well expressed in the neurosis of "washing-compulsion." As far as I have been able to ascertain, this illness is always used as a means of avoiding sexual relations, and invariably gives the fantastic compensation of feeling cleaner than everybody else.

By this feeling for life as a race, however, the second child usually trains himself more stiffly, and if his courage holds is well on the way to overcome the eldest on his own ground. If he has a little less courage he will choose to surpass the eldest in another field, and if still less, he will become more critical and antagonistic than usual, not in an objective but in a personal manner. In childhood this attitude appears towards trifles: he will want the window shut when the elder opens it, turn on the light when the other wants it extinguished, and be consistently contrary and opposite.

This situation is well described in the Bible story of Esau and Jacob, where Jacob succeeds in usurping the privileges of the eldest. The second child's condition is like that of an engine under a constantly excessive head of steam. It was well expressed by a little boy of four, who cried out, weeping, "I am so unhappy because I can *never* be as old as my brother."

The fact that children repeat the psychic behavior of older brothers and sisters and of parents is referred by some writers to an instinct of imitation or to "identification" of the self with another; but it is better explained as a way of asserting an equality which is denied on other grounds. Psychic resemblances to the conduct of ancestors or even of savages do not signify that the pattern of psychic reaction is hereditary, but that many individuals use the same means of offense and defense in similar situations. When we find so much resemblance between all first children, all second, and all youngest children, we may well ask what part is left for heredity to play. Thus we have also no use, as psychologists, for the theory that the mental development of the individual ought to repeat the development of the race of mankind in successive stages.

In later development, the second child is rarely able to endure the strict leadership of others or to accept the idea of "eternal laws." He will be much more inclined to believe, rightly or wrongly, that there is no power in the world which cannot be overthrown. Beware of his revolutionary subtleties! I have known quite a few cases in which the second child has availed himself of the strangest means to undermine the power of ruling persons or traditions. Not everybody, certainly not these rebels themselves, would easily agree with my view of their behavior. For though it is possible to endanger a ruling power with slander, there are more insidious ways—for example, by means of excessive praise—you may idealize and glorify a man

or a method until the reality cannot stand up to it. Both methods are employed in Mark Antony's oration in "Julius Cæsar," and I have shown elsewhere how Fedor Dostoievsky made masterly use of the latter means, perhaps unconsciously, to undermine the pillars of old Russia. Those who remember his representation of Father Zosima in "The Brothers Karamazov," and also recall the fact that he was a second son, will allow the force of my suggestion.

I need hardly say that the style of life of a second child, like that of the first, may also appear in another child if the situation is of a similar pattern.

The youngest child is also a distinct type, exhibiting certain characteristics of style which we never fail to find. He has always been the baby of the family, and has never known the tragedy of being dispossessed by a younger, which is more or less the fate of all other children. In this respect his situation is a favored one, and his education is often relatively better, as the economic position of the family is likely to be more secure in its later years. The grown-up children not infrequently join with the parents in spoiling the youngest child, who is thus liable to be too much indulged. On the other hand, the youngest may also be too much stimulated by elders—both mistakes are well known to our educationists. In the former case (of overindulgence) the child will strive throughout life to be supported by others. In the latter case the child will rather resemble a second child, proceeding competi-

tively, striving to overtake all those who set the pace for him, and in most cases failing to do so. Often, therefore, he looks for a field of activity remote from that of the other members of the family— in which, I believe, he gives a sign of hidden cowardice. If the family is commercial, for instance, the youngest inclines to art or poetry; if scientific, he wants to be a salesman. I have remarked elsewhere that many of the most successful men of our time were youngest children, and I am convinced this is also the case in any other age. In biblical history we find a remarkable number of youngest children among the leading characters, such as David, Saul, and Joseph. The story of Joseph is a particularly good example, and illustrates many of the views we have advanced. His younger brother Benjamin was seventeen years his junior. His psychological position, therefore, was that of a youngest child.

It is interesting to note how well Joseph's brethren understood his dreams. More precisely, I should say that they understood the feeling and emotion of the dreamer, a point to which I shall return later. The purpose of a dream is not to be understood but to create a mood and a tension of feeling.

In the fairy tales of all ages and peoples the youngest child plays the rôle of a conqueror. I infer that in earlier times, when both circumstances and men's apprehension of them were simpler, it was easier to collect experiences and to understand the coherent current of the life of the latest-born. This traditional

grasp of character survives in folk-lore when the actual experiences are forgotten.

A strange case of the type of youngest child who is spoiled is that which I have already given, of a man with a "begging" style of life. I came across another in the difficulties of a physician who had for twenty years been unable to swallow normally and could take only liquid food. He had recently had a dental plate made for him, which he was continually pushing up and down with his tongue, a habit which caused pain and soreness of the tongue, so that he feared he was developing cancer.

He was the youngest of a family of three, with two older sisters, and had been weakly and much indulged. At the age of forty he could eat only alone or with his sisters. This is a clear indication that he was comfortable only in his favorite situation—of being spoiled by the sisters. Every approach to society had been difficult, and he had no friends, and only a few associates whom he met weekly in a restaurant. His attitude towards the three questions of life being one of fear and trembling, we can understand that his tension with other people made him unable to swallow food. He lived in a kind of stage fright, fearful that he was not making a sufficiently good impression.

This man answered the second life-question (of occupation) with tolerable competence, because his origin was a poor one and he could not live without earning, but he suffered exceedingly in his profession,

and nearly fainted when he had to take his examinations. His ambition, as a general practitioner, was to obtain a position with a fixed salary, and, later on, a pension. This attraction to an official position is a sign of insecurity, and people with a deep sense of inadequacy commonly aspire to the "safe job." For years he gave himself up to his symptoms. When he became older he lost some of his teeth, and decided to have a plate made, which became the occasion of his latest symptom.

When he came to me, the patient was sixty years of age, and still living in the care of his two sisters. Both were suffering from their age, and it was clear to me that this man, aging, and spoiled by two unmarried and much older women, was facing a new situation. He was very much afraid his sisters would die. What should he do in that case—he who needed to be continually noticed and watched over? He had never been in love, for he could never find a woman whom he could trust with his fragile happiness! How could he believe that anyone would spoil him as his mother and older sisters had done. It was easy to guess the form of his sexuality—masturbation, and some petting affairs with girls; but recently an older woman had wanted to marry him; and he wished to appear more pleasant and attractive in behavior. The beginning of a struggle seemed imminent, but his new dental plate came to the rescue. In the nick of time he became anxious about contracting cancer of the tongue.

He himself, as a doctor, was very much in doubt

about the reality of this cancer. The many surgeons and physicians he consulted all tried to dissuade him from belief in it; but he persisted in his uncertainty, continued to press his tongue against the plate until he hurt it, and then consulted another doctor.

Such preoccupations—"overvalued ideas," as Wernicke calls them—are carefully cherished in the arrangement of a neurosis. The patient shies away from the right objective by fixing his glances more and more firmly upon a point somewhere off his course. He does this in order to swerve out of a direction which is beginning to be indicated by logical necessity. The logical solution of his problem would be antagonistic to his style of life, and as the style of life must rule he has to establish emotions and feelings which will insure his escape.

In spite of the fact that this man was sixty years old, the only logical solution of his problem was to find a trustworthy substitute for his spoiling sisters before their departure. His distrustful mind could not rise to the hope of its possibility; nor could his doubts be dissipated by logic, because he had built up his whole life with a definite resistance to marriage. The dental plate, which should have been a help towards marriage, became an insuperable impediment to it.

In the treatment of this case it was useless to attack the belief in the cancer. When he understood the coherence of his behavior the patient's symptoms were very much alleviated. The next day he told me of a dream: "I was sitting in the house of a third sister at

a birthday celebration of her thirteen-year-old son. I was entirely healthy, felt no pain, and could swallow anything." But this dream was related to an episode in his life which took place fifteen years before. Its meaning is very obvious: *"If only I were fifteen years younger."* Thus is the style maintained.

The only child also has his typical difficulties. Retaining the center of the stage without effort, and generally pampered, he forms such a style of life that he will be supported by others and at the same time rule them. Very often he grows up in an intimate environment. The parents may be afraid to have more children, and sometimes the mother, neurotic before his advent, does not feel equal to rearing more children, and develops such behavior that everyone must say, "It is a blessing that this woman has no more children." Birth control may absorb much of the attention of the family, in which case we may infer tension, and the two parents united to carry on their life in anxiety. The care then devoted to the only child never ceases by day or night, and often impresses the child with a belief that it is an almost mortal danger not to be watched and guarded. Such children often grow up cautious, and sooner or later they are often successful and gain the esteem and attention they desire. But if they come into wholly different conditions of life they may show striking insufficiency.

Only children are often very sweet and affectionate, and later in life they may develop charming manners

in order to appeal to others, as they train themselves in this way, both in early life and later. They are usually closer to the more indulgent parent, which is generally the mother; and in some cases develop a hostile attitude towards the other parent.

The education of the only child is not easy, but it is possible to understand the individual problem and to solve it correctly. We do not regard the only child's situation as dangerous, but we find that, in the absence of the best educational methods, very bad results occur which would have been avoided if there had been brothers and sisters.

I will give a case of the development of an only child, a boy whose attachment was entirely to the mother. The father was of no importance in the family; he maintained them, but was obviously without interest in the child. The mother was a dressmaker who worked at home, and the little boy spent all his time with her, sitting or playing beside her. He played at sewing, imitating his mother's activity, and ultimately became very proficient in it, but he never took any part in boys' games. The mother left the house each day at five P.M. to deliver her work, and returned punctually at six, and during that time the boy was left alone with an older girl cousin, and played with sewing materials. He became interested in timepieces, because he was always looking for his mother's return. He could tell the time at three years old.

The cousin played games with him in which she

was the bridegroom and he was the bride, and it is noteworthy that he looked more like a girl than she did. When he came to school he was quite unprepared to associate with boys, but he was able to establish himself as a favored exception, for others liked his mild and courteous disposition. He began to approach the goal of superiority by being attractive, especially so towards boys and men. At fourteen years of age he acted the part of a girl in a school play. The audience had not the slightest doubt that he was a girl, a young fellow began to flirt with him, and he was much pleased to have excited such admiration.

He declared that he had known the difference of sex only for a short time. He had worn girlish dress for four years, and until the age of ten he did not know whether he was a boy or a girl. When his sex was explained to him he began to masturbate, and in his fantasy he soon connected sexual desire with what he had felt when boys touched him or kissed him. To be admired and wooed was the goal in life to which he accommodated all his characteristics, so that he might be admired by boys. His older cousin was the only girl he had known, and she was gentle and sweet, but she played the man's rôle in their games and otherwise she ruled him like his mother. A great feeling of inferiority was his legacy from his mother's overindulgent and excessive care. She had married late, at the age of thirty-eight, and she did not wish to have more children by the husband she disliked. Her anxiety, then, was doubtless of earlier origin, and her late marriage

indicative of a hesitant attitude to life. Very strict in sexual matters, she wanted her child to be educated in ignorance of sex.

At the age of sixteen this patient looked and walked like a flirtatious girl, and he soon fell into the snare of homosexuality. In order to comprehend this development we must remember that he had had, in a psychological sense, the education of a girl, and that the difference between the sexes was realized too late in his development. Also he had his triumphs in the feminine rôle, and no certainty of gaining as much by playing the man. In the imitation of girlish behavior he could not but see an open road to his goal of superiority.

It is my experience that boys who have this type of education always look like girls. The growth of the organs and probably also of the glands is partially ruled by the environment and adapted to it; so that if such an early bent towards femininity is succeeded by a personal goal of the same tendency, the wish to be a favored girl will influence not only the mind, but also the carriage and even the body.

This case illustrates very clearly how a pervert trains himself mentally into his abnormal attitude towards sex. There is no necessity to postulate an inborn or hereditary constitution.

When he came to me he was involved with another boy who was the neglected second child of a very domineering mother; this boy's striving was to overcome men by his personal charm, in which he actually suc-

ceeded in his relationship with a weak father. When he reached the age of sexual expression he was shocked. His notion of women was founded upon experience of his domineering mother, who neglected him; so he turned homosexual. Consider then the hopeless situation of my patient! He wanted to conquer by female means—by having the charm of a girl—but his friend wanted to be a conqueror of men.

I was able to make my patient realize that, whatever he himself thought or felt in this liaison, his friend felt himself to be a conquering man-charmer. My patient, therefore, could not be sure that his was the real conquest, and his homosexuality was accordingly checked. By this means I was able to break off the relationship, for he saw that it was stupid to enter into such a fruitless competition. This also made it easier for him to understand that his abnormality was due to a lack of interest in others, and that his feeling of inadequacy, as a pampered child, had led him to measure everything in terms of personal triumph. He then left me for some months, and when he visited me again he had had sexual relations with a girl, but had tried to play a masochistic part towards her. He obviously wished to experience with her the same inferiority that he had felt with his mother and cousin. This masochistic attitude was shown in the fact that his goal of superiority required that the girl should do to him what he commanded, and he wished to complete the act at this point, without achieving sexual intercourse, so that the normal was still excluded.

The great difficulty of changing a homosexual lies not only in his lack of social adjustment, but in the invariable absence of right training, which ought to begin in early childhood. The attitude towards the other sex is strained in a mistaken direction almost from the beginning of life. In order to realize this fact one must note the kind of intelligence, of behavior, and of expectations which a case exhibits. Compare normal persons walking in the street or mixing in society with a homosexual in the same situations! The normal are chiefly interested in the opposite sex, the homosexual only in their own. The latter evade normal sexuality not only in behavior but even in dreams. The patient I have just described used frequently to dream that he was climbing a mountain, and ascending it by a serpentine road. The dream expresses his discouraged and circuitous approach to life. He moved rather like a snake, bending his head and shoulders at every step.

In conclusion I will recall the most disastrous cases I have known in the development of only children. A woman asked me to help her and her husband in the case of their only boy, who tyrannized over them terribly. He was then sixteen, a very good pupil at school, but quarrelsome and insulting in behavior. He specially affronted his father, who had been stricter with him than the mother. He antagonized both parents continually, and if he could not get what he wanted he was openly injurious, sometimes wrestling with his father, spitting at him, and using bad language. Such

a development is possible to a pampered and only child who is trained to expect everything—and gets it, until the time comes when indulgence can go on no longer. In such cases it is difficult to treat the patient in his old environment, because too many old recollections are revived, which disturb the harmony of the family.

Another case was brought to me, of a boy of eighteen, who had been accused of murdering his father. He was an only child, and spoiled, who had stopped his education and wasted all the money he could extort from his parents in bad company. One day when his father refused to give him money, the boy killed him by hitting him on the head with a hammer. No one but the lawyer who was defending him knew that he had killed another person several months before. It was obvious that he felt perfectly sure of escaping discovery this second time.

In yet another case of criminal development, an only boy was brought up by a very well-educated woman who wanted him to be a genius. At her death another experienced woman continued his nurture in the same way, until she became aware of his tyrannical tendencies. She believed it to be due to sexual repression, and analyzed him. His tyrannical attitude did not cease, however, and she then wished to be rid of him. But he broke into her house one night intending to rob her, and throttled her.

All the characteristics which I have described as typical of certain positions in the family are liable

to modification by other circumstances. With all their possibilities of variation, however, the outlines of these patterns of behavior will be found to be substantially correct. Among other possibilities, one may mention the position of a boy growing up among girls. If he is older than they are he develops very much the same as an elder brother close to a younger sister. Differences in age, in the affection of the parents, and in the preparation for life, are all reflected in the individual pattern of behavior.

Where a female majority dominates the whole environment, a single boy is likely to have a goal of superiority and a style of life which are directed towards the female. This occurs in various degrees: in a humble devotion to women and worship of them, in an imitative attitude, tending towards homosexuality, or in tyrannical attitude towards women. People usually avoid educating boys in a too female environment, and it is a matter of general experience that such children develop towards two extremes—either exaggerated vanity or audacity. In the story of Achilles there are many points from which we may assume that the latter case was well understood in antiquity.

We find the same contradictory possibilities in the cases of girls who grow up among boys or in a wholly masculine environment. In such circumstances a girl may be spoiled with too much affection, of course, but she may also adopt boys' attitudes and wish to avoid looking like a girl. In any case, what happens is largely

dependent upon how men and women are valued in the environment. There is always a prevailing attitude of mind in regard to this question, largely in accordance with which the child will wish to assume the rôle of a man or of a woman.

Other views of life which prevail in the family may also influence the pattern of a child's behavior, or bring it into difficulties, as for example the superstition about inherited characteristics, and the belief in fancy methods of education. Any exaggerated method of education is liable to cause injury to the child, a fact we can often trace in the children of teachers, psychologists, doctors, and people engaged in the administration of laws—policemen, lawyers, officers, and clergymen. Such educational exaggerations often come to light in the anamnesis of problem-children, delinquents, and neurotics. The influence of both factors—the heredity superstition and a fanatical mode of training—appear in the following case.

A woman came to me with a daughter of nine, both of them in tears and desperation. The mother told me that the girl had only recently come to live with her, after having spent years under the care of foster-parents in the country. There she had completed the third grade of her schooling, and she had entered the fourth grade in the city school, but her work became so bad that her teacher had her put back into the third grade. Soon afterwards her work had become still worse, and she was graded still lower and put in the second. The mother was thoroughly upset at this, and

obsessed with the idea that her daughter's deficiency was inherited from the father.

At first sight it was evident to me that the mother was treating the child with exaggerated educational insistence, which in this case was particularly unfortunate, because the girl had been brought up in a congenial environment and expected still greater kindness from the mother. But in her anxiety that her child should not be a failure the mother was overstrict, and this gave the child the keenest disappointment. She developed a great emotional tension which effectually blocked her progress both at school and at home. Exhortation, reproaches, criticism, and spanking only intensified the emotion, with consequent hopelessness on both sides. To confirm my impression, I spoke with the girl alone about her foster-parents. She told me how happy her life with them had been; and then, bursting into tears, told me also how she had at first enjoyed being with her mother.

I had to make the mother understand the mistakes in which she had become involved. The girl could not be expected to put up with such a hard training; and putting myself in her place I could perfectly understand her conduct as an intelligent reaction—that is, as a form of accusation and revenge. In a situation of this type, but where there is less social feeling, it is perfectly possible for a child to turn delinquent, neurotic, or even to attempt suicide. But in this case I was sure it would not be difficult for the girl to improve if the mother could be convinced of the truth,

and impress the child with a sufficiently definite change of attitude. I therefore took the mother in hand, and explained to her that the belief in inheritance was nothing but a nuisance, after which I made her realize what her daughter had not unreasonably expected when she came to live with her, and how she must have been disappointed and shaken by such disciplinary treatment, to the point of utter inability to do what was expected of her. I wanted the mother to confess to the child that she had been mistaken and would like to reform her method, so I told her I did not really believe she could bring herself to do it, but it was what I would do in the circumstances. She answered decidedly, "I will do it." In my presence and with my help, she explained her mistake to the child, and they kissed and embraced and cried together. Two weeks later they both visited me, gay and smiling and very well satisfied. The mother brought me a message from the third-grade teacher: "A miracle must have happened. The girl is the best pupil in the class."

CHAPTER VIII

Early recollections and their significance.—Recollection of a visual type.—Recollections of movement.—Of danger.—Case of erythrophobia.

THE significance of early recollections is one of the most important discoveries of Individual Psychology, for it has demonstrated the unconscious purpose in the choice of what is longest remembered, though the memory itself is quite conscious or easily remembered upon inquiry. Rightly understood, these conscious memories give us glimpses of depths just as profound as those which are more or less suddenly released from the unconscious during treatment.

We do not, of course, believe that all early recollections are correct records of the facts. Many are even fancied, and most perhaps are changed or distorted at a later time; but this does not always diminish their significance. What is altered or imagined is also expressive of the patient's goal, and although there is a difference between the work of fantasy and that of memory, we can safely make use of both by relating them to our knowledge of other factors. Their worth and meaning, however, cannot be rightly estimated until we relate them to the total style of life, and recognize their unity with the individual's main line of striving towards a goal of superiority. In recollections

dating from the first four or five years we find chiefly fragments of the prototype of the individual, or useful hints as to why the life-plan was elaborated in its own particular form. Here also we may gather the surest indications of self-training to overcome deficiencies or organic difficulties in the early environment. Signs of the degree of courage and social feeling are also evident in many cases. Owing to the great number of spoiled children who come under treatment the image of the mother is rarely absent from the earliest remembrance; indeed, if I suspect the life-style of a pampered child, I can invariably guess that the patient will recall something about his mother. He will never have understood the meaning of this remembrance. For instance, he may answer to my question: "I was sitting in a room playing with a toy, and my mother was sitting close to me." He regards this recollection as if it were a thing of itself, and never thinks of its coherence in the whole structure of his psychic life; and unfortunately many psychologists do the same. To estimate its meaning we have to relate this early pattern of perception to all we can discover of his present attitude, until we find how the one clearly mirrors the other. In this example we should begin to see this if the patient suffered from anxiety when alone. The interest in being connected with the mother may even appear in the form of fictitious remembrances, as in the patient who said to me, " You will not believe me, but I can remember being born, when my mother held me in her arms."

Very often the earliest memory of a spoiled child refers to its dispossession by the birth of a younger brother or sister, and these vary from slight and innocent statements, such as, "I recollected when my younger sister was born," to anecdotes highly significant of the attitude of the patient. A woman told me: "I remember having to watch my younger sister, who was lying on a table. She was restless and threw off the coverlets. I wanted to adjust them and pulled them away from her, upon which she fell and was hurt." This woman was forty-five when she came to me; at school, in marriage, and throughout life she felt herself disregarded, just as in her first childhood, when she had been dethroned. A similar case, more expressive of suspicion and mistrust, was expressed by a man who said: "I was going with my mother and little brother to market. Suddenly it began to rain, and my mother took me in her arms, and then, remembering that I was the elder, she put me down and took up my younger brother." Successful as he was in his life, this man distrusted everybody, especially women.

A student thirty years of age came to me in trouble because he could not face his examinations: he was in such a state of strain that he could neither sleep nor concentrate. The symptoms indicate his lack of preparation and of courage, and his age shows the distance at which he stood from the solution of the problem of occupation. He had no friends and had never fallen in love, because of his lack of social adjustment, and his sexuality was expressed in masturbation and

pollutions. His earliest memory was of lying in a cot, looking round at the wallpaper and curtains. This recollection reflects the isolation of his later life, and also his interest in visual activity. He was astigmatic, and striving to compensate for this organic deficiency. We must remember, however, that every function which is strongly developed apart from any social interest may disturb the harmony of life. To watch is really a worth-while activity, but it is possible for watching to become a compulsion-neurosis, when the patient barricades himself against all other activities and wants to be gratifying his eyes all day. There is a type which is only interested in seeing, but there are only a few activities in which this interest can be usefully employed, and even these cannot be found by a person who is socially maladjusted. This patient, as we have seen, had not been a real fellow man to anyone, so that he had found no use for his peculiar interest.

The earliest remembrances not infrequently disclose an interest in movements; such as in traveling, running, motoring, or jumping. So far as we can see this is characteristic of individuals who encounter difficulties when they begin to work. I found this in the case of a man of twenty-five, the oldest son of a very religious family, who was brought to me because of misbehavior. He was disobedient, idle, and a liar, and he had contracted debts and stolen. His sister, three years younger than himself, was a familiar type, striving, capable, and well educated, an easy winner in the race

with him. His misconduct began with his adolescence, and I am aware that many psychologists would ascribe it to some sort of emotional "flare-up" caused by the growth of the sexual glands; a theory which is all the more plausible because of the existence of premature and mischievous sexual relations in this, as in other cases. But we ask: Why should the perfectly natural crisis of puberty be the cause of moral disaster in this case and not in another—not in the sister's case, for example? We answer: Because the sister was in a more favorable position, and the brother's situation was one which we know, from experience of very many cases, to be one of special danger. Furthermore, when we go more deeply into the history of this case, we find that adolescence did not create any change in the style of life. Before that time the boy had been gradually losing hope of being the first in a life of social usefulness, and the more hopeless he grew, the more he had wandered into the easier ways of useless compensation.

This young man's earliest remembrance was: "I was running round the whole day in a kiddy car." When he was cured he was taken back into his father's office, but he finally adapted himself to life as a traveling salesman.

Many first remembrances are concerned with situations of danger, and they are usually told by persons with whom the use of fears is an important factor in the style of life. A married woman once came to ask me why she was terrified whenever she passed a phar-

macy. Some years previously she had spent a long time in a sanatorium undergoing treatment for tuberculosis, and a few months before I saw her a specialist had pronounced her cured, entirely healthy, and fit to have children. Shortly after this plenary absolution by the doctor she began to suffer from her obsession. The connection is obvious. The pharmacy was a warning reminder of her illness, an employment of the past to make the future ominous. She was connecting the possibility of a child with danger to her health. Though she and her husband had agreed that they wanted a child, her behavior clearly showed her secret opposition. Her objection was stronger than any logical reasons, which latter the doctor as an expert could minimize, but he could not remove the symptom of fear. In this as in many similar cases we know in advance that the real reasons lie deeper, and are only to be found if we can discover the most important strivings in the style of life. Seldom, if ever, is it true that resistance to having children is based upon objective fears of childbirth or illness. In this case it was easy to discover that the woman had been a pampered child who wanted to be in the center of the stage. Such women do not wish to bring a little rival on to the scene, and argue against it with every variety of reason and unreason. This woman had trained herself perfectly in the expression of weakness and in perceiving opportunities to take the center of attention. Asked for her earliest recollection she said: "I was playing before our little house on the outskirts of

the town, and my mother was terrified when she saw me jumping on the boards that covered the well."

A student of philosophy came to consult me about his erythrophobia. From earliest childhood he had been teased because he blushed so easily, and for the past two months this had so much increased that he was afraid to go to a restaurant, to attend his lectures, or even to go out of his room. I found that he was about to sit for an examination. He was a faint-hearted man, timid and bashful, and whether he was visiting in society, working, or in company with a girl he suffered alike from tensions of feeling. As he was a sympatheticotonic type,[1] this tension irritated the vegetative nervous system: his blushing had latterly worried him more, and he began to use it as a pretext for retreat. From childhood this man had had a strong antipathy towards his mother, who was partial to his younger brother; and he now no longer believed that he could achieve any success if he went on. Here is his earliest remembrance: "When I was five years old I went out with my three-year-old brother. My parents were much excited when they found we had left the house, because there was a lake near by, and they were afraid that we had fallen into it. When we returned I was slapped." I understood this to mean that he did not

[1] An attempt has been made to describe two types of neurotics:—the vagotonic and the sympatheticotonic—according as one or other division of the vegetative nervous system with its associated glands tends to overact. Sympatheticotonia is associated with increased metabolism.

like his home, where he felt that he was slighted, and this opinion was corroborated when he added, "I was slapped, but not my brother." But the discovery that he had been in a dangerous situation had no less impressed him, and this was reflected in his present behavior, which was dominated by the notion—not to go out, not to venture too far. Such persons feel as though life were a trap; and it is easy to imagine this patient's painful experience when in contact with a girl, being teased and blushing, annoyed and annoying.

CHAPTER IX

The highest goals.—Goals in insanity and crime.—In perversion.—The masochistic attitude.—Irritating behavior.—The goal in day-dreams.—Day-dreams of vicarious satisfaction.—Case of suicide.—Red hair as inferiority.—Heart-trouble and aerophagia.—Masculine protest and marriage with a relative.—Jealousy and superiority.—Case of jealous hallucinations.—Unconscious jealousy.—Case of syphilophobia.—Preparation for the sexual rôle.—Homosexual tendency.—Masochistic tendency the reverse of submissive.

THE loftiest goals are to be found in the most pathological cases—that is, in the psychoses. In cases of schizophrenia we often find the desire to be Jesus Christ. In manic-depressive cases also, in the manic phases, the patient frequently wishes to be the savior of mankind, while in the depressive phases he often complains of being the greatest evil on earth. In paranoia the patient not only strives to be the center of attention, but actually believes he is that already. Individual Psychology has shown that the goal of superiority can be fixed at such altitudes only when the individual has, by losing all interest in others, also lost interest in his own reason and understanding. Moreover, the height of the goal now confronts the individual with such difficulties that common sense has become useless to him—incapable of solving them.

This goal of personal supremacy blocks the approach to reality. The more reality presents him with real, or

even alluring possibilities of action, the greater is the effort which a maladjusted person will make to avoid it, because his *feeling* of supremacy is proportionately increased thereby. The end result, and logical culmination of such a life-line is, of course, total isolation in an asylum.

Perhaps the most audacious goals of superiority are found in cases of general paralysis, in which there is generally the most marked loss of social feeling and mental control. But all cases of Cæsarian madness exhibit the same goal of godlikeness with an absence of social feeling; moreover—and this is consistent with all our findings—there is always a high degree of cowardice. Similarly, whenever we find a marked insensibility to the pains of others, or undervaluation of others' lives—as in murderers and certain other criminals—we can trace the preparation for their development: they do it by deliberately breaking through the limits of social feeling, impelled by cowardice to seek relief on the useless side of life. Every murderer is a coward intoxicated with the idea of being a hero. I believe that the true psychology of these tendencies ought to be explained to all mankind, and that such instruction would do much to prevent "crime waves." For criminals derive some incentive from the prevalent superstition that crime is at least courageous: whereas in truth even the most audacious crime is deeply motivated by fear.

The development of a criminal tendency has something in common with the fascination of useless sports;

the desire to break a record is sometimes apparent, and one of the greatest inducements to crime is the sense of overcoming the law and the police. This is a very considerable gratification upon the useless side, since the individual can give himself a feeling of having beaten the world single-handed. And as, according to certain statistics, about forty per cent of all punishable crimes pass without the detection of the criminal, nearly every criminal has had the experience of committing a crime without being found out. The chance of making a long nose at the police is very alluring to a cowardly soul.

The goal of personal superiority is such that it invariably magnifies one of the three questions of life out of all proportion. We find that a person's ideal of success becomes unnaturally limited to social notoriety, to business success, or to sexual conquest. Thus we see the social careerist, fighting and jealous; the business magnate, extending his interests at the expense of all others; and the amorous intriguer, the would-be Don Juan. Each disturbs the harmony of his life by thus leaving many necessary demands unsatisfied, and then tries to compensate by still more frantic strivings in his narrowed sphere of action.

In the realm of sexual perversion we find the goal expressed in a purely fictitious form. This is especially evident in the sadistic type, by which I mean the type whose will to dominate is connected with sexual irrita-

tion. It was a notable advance in the understanding of the psychic structure of perversion when we could prove that the symptoms of masochistic cases are also governed by a personal goal of superiority. In the fantasies of masochists as well as in their actions, the egoistic tendency has been clearly diagnosed. The masochistic attitude signifies: "I am not governed by your power of attraction; it is you who must do what I would have you do." Although the tendency which this implies is more fully expressed in sadism, the demands of the sadist are obviously harder for him to enforce than the masochist's "demand to be bullied." But we find individuals who exhibit a mixture of masochistic and sadistic behavior.

I have found that the purpose of most masochistic subjects is to escape love and marriage, because they do not feel strong enough to risk a defeat. They will regard the avoidance of defeat, even through ignominious escape, exactly as if it were a goal of superiority. By means of their masochistic tendencies they are able to exclude all the really eligible members of the other sex. In the case of a man whom I cured of homosexuality, the patient went so far as to have a masochistic relation with a prostitute. By means of homosexuality he excluded *all* women, and in his periods of masochism he excluded all *worth-while* women.

Similarly, among girls who indulge in masochistic fantasies, we often note that the superior goal towards

which they strive takes the form of celibacy. They can imagine love and marriage only as a torture, and this fantasy of celibacy is itself a gratification which is consistent with their masochistic tendencies. In masturbation, whether physical or mental, a certain consistency is always apparent: it is the sexual attitude which is appropriate to the isolated individual. Correctly interpreted, it is the wish to exclude sexual partnership. In such cases the patient will always tend to regard a partner as the author of his or her humiliation; and this idea, even though avoided in reality, will be expressed in fantasy.

One way of attaining superior feelings is by the irritation of others. Parents or teachers, husbands or wives, as the case may be, will be more or less subtly exasperated until they burst into a rage, and begin to attack or punish. To many children this proof of their power over others is a great satisfaction, and they often desist when they have produced the desired reaction. Still more antisocial is the goal of superiority through the injury of another. In its service every trifle of evidence against another person will be collected with malicious valuation, such as difference in nationality, standard of living, advancing age in the case of women, and any unusual features such as red hair or prominent nose or teeth. Upon all these disadvantages of another, real or imputed, the neurotic feeling of inferiority feeds voraciously, as if it could fill its own emptiness by the contemplation of yet

greater vacuity elsewhere. And by such activity, of course, feelings of inferiority may be induced in the person who is attacked.

The height of the goal is freely revealed in waking fantasies, where the desire to be the richest man, an emperor, or a pioneer finds imaginary gratification, always an image of supremacy in the subject's own line of life, whatever it may be.

The degree of social interest also finds expression in these imaginings. For instance, fantasies of saving life, of stopping runaway horses and rescuing the drowning indicate a more social tendency than images of torturing or being tortured. Common among children is the fantasy that they do not really belong to their parents. It indicates dissatisfaction with their own parents for some reason or other, and enables them to believe that they are the secret offspring of noble parents. This particular tendency of the fantasy is evinced in mass-psychology, by the fact that in myths and legends the heroes are invariably the sons and daughters of gods or demigods, or at least, while no one knows it, they are of royal parentage and the heirs to great power and estates.

Day-dreams of a true sadistic or masochistic nature occur in which the dreamer participates only as an observer and not as an actor; enjoying the sight of the power of the conqueror, or identifying his own feelings with the weaker person. This dreaming of

vicarious satisfaction is, of course, a double remove from reality, and indicates a still greater lack of courage.

Such was the case of a man of thirty-two who suffered from erythrophobia. He believed that people could not help looking at him wherever he went, and so he blushed continually. He was short, cross-eyed, and also suffered from lameness, one leg being shorter than the other. He had been spoiled by his mother, but his brothers and sisters had disliked and repressed him. Thus, when he went to school, he assumed a wrong attitude to his schoolmates, but tried to maintain his personal ascendancy by becoming an excellent gymnast. Even this achievement, however, did not maintain him sufficiently in the height of general attention, and he endeavored to supplement it by exciting the compassions of others; when this also failed to satisfy him, he drew attention to himself by clowning and playing the fool. Finally, despairing of winning the high esteem he wanted, he gave up and tried to escape both from society and from love. Wherever he met people, in the street, in restaurants, or in theaters, he experienced acute mental tension, and, being a vasomotor type, he expressed it by blushing and feeling afraid. At the same time he acquired a paranoid fear that every policeman was watching him as a suspected person. The effect of all these symptoms was to make him isolate himself to a great extent and only to carry on the lightest and most occasional occupations.

This man's day-dreams, which are the point of this

narrative, were largely sexual fantasies. His sexual life was, naturally, one of masturbation, but in these fantasies his great distance from the solution of the sex-problem was expressed by visualizing boys beating each other, while he himself was only a "smiling third."

As a last resort he tried to take to business, but again finding that he was not appreciated, he developed another paranoid fancy, that all his comrades conspired against him. He went from his office into a sanatorium, where he met a woman who showed great sympathy for him. Although up to this point he had retreated from every problem of life he now felt the urge to go forward in the matter of love. But the old feeling of hopelessness and lack of courage persisted. He had long ago fixed his position as an observer of the struggle of life, and now a situation had arisen which challenged this position. And so, one day, he shot himself.

Red hair is sometimes taken as a sufficient basis for a feeling of inferiority, and the part it may play in building up a neurosis is illustrated in the following case. A man of forty-five complained of heart-trouble, which had been first diagnosed as organic and later as a neurotic disturbance. As a child he had been greatly pampered by his mother, and because of his efforts to rule over his comrades he had been unpopular with them, and they had always teased him about his "cop-

per nob." He was too unsociable to make friends, but very successful in his schoolwork.

Later on, he was treated psychoanalytically for two years, and the doctor who treated him advised him to marry another of his patients. Naturally, with such a lack of social interest, he could not make a success of marriage. He tried to rule his wife in an absurd manner, and when she resisted him in any way he became very tense and his pulse increased to a hundred and fifty a minute.

Such heart troubles may often be observed as the result of swallowing air. This habit is also connected with asthma, stomach trouble, tympanites, and even pseudo-pregnancy. Usually the patient knows nothing about it, and my experience leads me to believe that it often takes place in sleep. It is to be suspected in cases of morning sickness and particularly in hysterical emesis. The air-swallowing habit is caused by a great psychic tension, due to exaggerated feelings of inadequacy. It is probably due to some tendency deeply laid in human nature since it so commonly appears in times of crisis, such as during an examination, and while courting.

Air-swallowing was the trouble in this case also. After the psychic mechanism of it had been explained to him, the man had a dream. He said: "I saw a red frog, bloated with air." It is interesting to see how easily the attention of a patient is diverted from the real coherence of the case. He treated this dream as if it were a mystery which he could not understand. I

interpreted it to him, explaining to him that while he was asleep he perfectly understood what he was doing, and that his dream was a way of saying: "I am like that red frog, suffering from my abnormal coloring and trying to blow myself up into a bigger being than I am." In his criticism of my explanation, however, it was evident that the patient did not wish to understand.

The masculine protest is often apparent in the loftiest goals of personal supremacy. A man of forty came to me in a state of nervous irritation because he felt impelled, as if in a fit of irresponsibility, to marry a cousin. Marriage with a near relative, either in reality or in fantasy, generally indicates fear of the opposite sex, for incest is opposed to common sense, which demands a courageous mixing of blood. Incestuous inclinations are to be traced to cowardice and a sense of social inadequacy. This patient had always resisted impulses towards love and marriage. He denied himself various gratifications, such as playgoing and eating meat—he had lately become a vegetarian,—attached the highest importance to chastity, and became greatly disturbed if he had to do business with a lady client in his own office. He was an eldest son, who had resented his deposition by a younger brother, and had also felt that he was slighted and pushed into the background by his mother, for which reason he had leaned more towards his father. His criticism of

his mother, and later on of all women, was very bitter. His earliest memory was this: "When I was four years old we moved. I met a strange woman near the new apartment whom I tried to push into a ditch." He also remembered that his feeling for his grandmother had been very hostile.

This man had now come to an age at which it was natural for him to marry, and he felt the urge to do so, but not in a normal way, so he sought a near relative as a sort of half-measure. At the same time his irresponsibility and sudden regret disclose something deeper in the whole arrangement. What he really wanted was to give himself a deep warning never again to approach a girl as long as he lived. So he staged this little warning interlude, in which, of course, I was cast for the part of the sage counselor who was to tell him not to marry, and that his desire to do so was only a neurotic manifestation.

Jealousy is very often employed in order to establish a relation of superiority. The jealous partner lays down rules for the behavior of the other, and enforces them with reproaches and in terms of moral reprobation. The person against whom such conduct is directed is thereby degraded from the position of a partner to that of a dishonorable servitor, which gives the jealous one a sense of relative superiority. Jealousy is also found in connection with paranoia and alcoholism, where its use is fundamentally similar. In either case an acute lack of self-confidence drives the patient to

strive for superiority by the fictitious method of torturing the sexual partner. It is not true, as it is often stated, that alcoholism causes impotence in these cases. In these manifestations the alcoholism, the impotence, and the jealousy are coordinated in the useless striving to compensate for the absence of social adjustment, courage, and self-confidence; and, as a whole, they indicate a progressively egoistic attitude.

Paranoia of the truest type, originating late in life, sometimes yields cases of jealousy which is really an hallucination, created to compensate for the state of helplessness. A case in point was that of a woman who had once been very wealthy and had had every luxury, but afterwards became very poor. Her two married daughters supported her and her husband, and kept them in the luxury to which they had been accustomed. She felt deserted, however, and unable to adapt herself to her new limitations, for she had been too much used to extravagance and power. Her daughters, occupied with their families, paid her little attention, and all that was left to her was her husband, in whom she tried to find compensation for all that she had lost. Naturally, it was impossible for him to accept such a position; nothing short of his entire obedience and servitude would have maintained the sense of personal superiority that she required, and his submission to her fell far short of her demands. This intensified her already wounded dignity, and in the effort to enforce her ascendancy she accused her husband of unfaithfulness, although he was seventy years of age and she

was sixty. There was a young maid living in the house, and the wife interpreted her husband's kindness to this girl as a sign of intimacy. Thenceforth she fancied that every sound she heard in the house by day or night was a confirmation of her belief. The servant finally left and took a situation in another city, but the patient could not be convinced that she was not still in the neighborhood, believed that she heard her knock at the door at night, and suspected that she was still communicating with her husband by advertisements in the newspapers.

It is not difficult to understand why she could not do without her jealousy. Her husband's and her daughters' attitude towards her had changed since the time when she had lived in the focus of their attention. She now despaired of reality, but she still had the same goal of supremacy; and this jealousy enabled her, by an attitude of accusation, still to keep the circumstances revolving around the question of her personal prerogative.

There are many cases, however, in which patients indulge in jealousy without for a moment admitting the fact to themselves. This is probably because jealousy is itself felt to be an inferior feeling, and so conflicts with the conscious self-valuation.

A certain patient complained of pains in the heart which recurred from time to time, especially when she felt discontented. She had been married for nearly

twenty years, and the marriage was supposed to be a very happy one. The husband was a kind man, although weak; they had an accomplished daughter as their only child, and were living in very good circumstances. For a year the patient had been suffering from these pains, which radiated from the breasts into both arms, and angina pectoris had been suspected. But as no organic symptoms could be discovered, and as the pains always occurred after a mental disturbance, the diagnosis of a neurosis (pseudo-angina) was justifiable. Some time before the appearance of these symptoms, she had had a peculiar feeling in the legs, as though they were tied and she was unable to move them. The later symptoms she described as very painful, lasting for several minutes and ending with emesis. Closer inquiry revealed the fact that the pains reached the throat from the sternal region, and were associated with frequent emesis, flatulence, and occasional tympanites. Where we find such complications of symptoms I would always recommend the practitioner to look for aerophagia, a condition which, in the present case, I could observe while I spoke to the patient.

This patient had come to me from abroad, and after arriving in Vienna her husband left her to spend some time in Berlin. On the night of his departure she could not sleep, and when I asked her what thoughts passed through her brain while she lay awake, she answered: "I kept on figuring out how far my husband was from Berlin." This remark convinced me that the woman was constantly thinking where her husband was—and

wondering what he was doing. The fact that her marriage was a fortunate one made it all the more likely that she kept a sharp lookout. Such conditions are a fertile ground for jealous fears, especially in the case of a woman so ambitious as this one proved to be.

After the second night she related the following dream: "Someone showed me a calf which was lame and unable to walk. This person commanded me to slaughter it." The inability to walk was reminiscent of some of her own symptoms, so it was justifiable to suppose that she identified herself with the calf. In this connection the slaughter of the calf represented suicide, probably in this case by cutting the throat, but there was more in the lameness. In this she helped me a great deal by telling me that a friend of her husband suffered from ankylosis of the knees as a result of gonorrheal arthritis.

How wounded jealousy may be used in the service of the neurotic goal is illustrated in the case of a man of thirty-eight who suffered from agoraphobia. He was fairly intelligent, but this weakness precluded both work and social relations. The neurosis followed a disappointment, when the girl to whom he was engaged became unfaithful to him. He was then advised to take a good situation in another part of the country so that he might forget his calamity, and he did so, but after a few days' work he had his first fit of anxiety, was scared to death, and hurried back to his mother, with

whom he lived from that time until I saw him. He told me that for some days before the first fit of anxiety he had been thinking continually of syphilis and of how easily he could become infected with it. This must be understood as a self-preparation, by the appropriate meditation, to keep at a distance from all women and to live only under the care of his mother. His behavior was that of a pampered child, readily taking to flight from the world, and only sure of safety with his mother. His earliest recollection was an epitome of his life-plan: "When I was four years old I was in a room with my mother; and I remember looking out of the window and looking at people working in the street." This fragment of memory conveys his abnormal need of a sheltered position and his interest in watching (he was short-sighted) "how others work." To be with his mother and observe others working was his only idea of escape from tension and anxiety. When he was cured he started in business as an interior decorator.

Early memories often furnish significant hints of the way in which the sexual attitude has been built up. This was well illustrated in the case of a pampered boy of fourteen with a very expectant attitude to life, a bad sport who made great difficulties in learning to swim, and was disinclined to work or to learn anything, especially mathematics. Mathematics is often the chief difficulty with this type, probably because it

demands special power of independent application to work. He confessed to his mother, who was his best companion, that for some time he had been liable to feel sexual excitement at the sight of a man's muscles in the swimming bath or elsewhere. The earliest experience he could recall was of walking out with his mother, when people often said, looking at his fair and curly hair, "What a pretty girl!" When he was asked if he would like to be a girl, however, he denied it emphatically. In his conscious opinion it was better to be a man than a woman, but since he really wanted to have everything more easily he instinctively shirked the necessary preparation for a masculine rôle, and his goal was to be wooed and to receive attention as though he had been a girl. This appeared possible because he was pretty to look at, but in all other ways success looked difficult and doubtful, so he took refuge in laziness or incapacity. Such a style of life, it must be clearly understood, actually gives the patient a sense of relative power or rulership. It goes with a great aversion to all situations which one is unable to dominate, so that we need not be surprised at this boy's exaggerated fear of thunderstorms. A thunderstorm is a supreme example of a thing which you cannot manage or control. With the lofty ambition of a second and youngest child, this boy's obvious defeats had made him incapable of conceiving an adequate success as a man: hence the attempt to form a homosexual goal, to govern passively by being loved and worshiped.

In many cases a fragment of the prototype is revealed, when in a dream, fantasy, or early recollection, the patient discloses some notion of a high superiority. Thus, a girl of twenty once said to me: "I had an old and, of course, imaginary memory of having once been high up in a cloud." She had been a very pretty child, spoiled by her father, who had committed suicide when she was fourteen. As we know, to lean upon the father is always a second-best alternative and indicates discontent with the mother, so that as I expected the patient had a younger sister. She changed in appearance at the father's death, losing her good looks. The younger sister was now more attractive than herself, and the mother was expending all her care upon an elder brother who had been ill for some time, so this pampered girl was left with no one to spoil her, and she began to fight for attention, especially as her brother was hostile to her. About this time she experienced a nasty shock; she was returning from school one day when she passed a man who exhibited himself, and she ran home screaming with fear.

Such experiences with exhibitionists occur much more often than is generally known. There are many men who are too cowardly to strive for a real solution of the life-problem of sex and who, looking for a relief or substitute, stop short at some partial manifestation of sexuality. If they are visual types, and their vision is not transferred to other objects, they become voyeurs or exhibitionists. Their cowardice is

confirmed by the fact that they generally approach children.

My patient's shock from the exhibitionist marked the beginning of agoraphobia. We must recognize, however, that she was training herself to attain the foremost position along a non-sexual line of life as in the earlier relation with her father. The height of her ambition is indicated by the early recollection, and it had become still more neurotically exalted because the sister had surpassed and the brother had repressed her, as well as by her mother's neglect. Such a goal of personal superiority was in danger from love and marriage, and she was naturally trying to exclude these possibilities. She made the most of the first experience of actual sexuality in order to justify herself in an overt rejection of sexual life altogether. I found that she was training herself in this attitude by means of certain day-dreams which were calculated to intoxicate her with the same idea.

It is my experience that masochistic fantasies are very commonly indulged by girls, and if ever disclosed they are taken to indicate an inclination to be subdued, which is supposed to be a female characteristic. On the contrary, such a day-dream is a more or less complex fulfilment of a desire which is fundamentally quite simple but is the reverse of submissive—namely, the desire to exclude a realistic sexual objective with its possibilities of defeat and humiliation. We see the fantasy building up the day-dreamer's re-

sistance to love at the same time as it gratifies the sensational need; first, because to be satisfied in a fancy is to teach oneself, "It is not necessary to have a real relationship," and secondly because satisfaction mixed with the imagination of a defeat teaches one to feel that a real experience would be highly objectionable. Thus the fantasy is an appropriate meditation like a sort of prayer, in which the individual soul trains itself, in the first respect, to lose interest in others, and in the second, ardently to desire escape from marriage. Where masochism is actually expressed in attempts to form masochistic relations the aim is fundamentally the same—to establish a great distance from normal behavior and natural conditions.

Nothing, then, could be further from the truth than the idea that masochistic fancies indicate a desire for subjection. This patient of mine had been looking round to find someone whom she could rule, had fastened upon her younger sister to be her obedient slave, and had finally prevailed upon her to accompany her in everything. Her breakdown revealed her intolerance of the slightest real control over her: she was given a situation, and when her employer told her to write something at his dictation, she could not do it.

CHAPTER X

The fear of death: in children: its true compensations.—Desire to become a physician.—Religious compensations.—Choice of occupations in general.—Vocational guidance.—Goal of the working life.—Fantastic choices.—Bodily postures in waking and sleeping.—All postures are purposive.

THE earliest recollections, as we have seen, are often involved with ideas of danger, and they are no less frequently connected with deep impressions of illness and death. It is easy to understand how the first experiences of these events, especially if connected with danger and fear, may oppress a child with inferior feelings. In all probability none but human beings are conscious of the fact that death is in the destiny of life, and this consciousness alone is enough to give mankind a sense of being terribly overpowered by Nature. If a child experiences a brusk contact with death at an early age, the whole style of life may be largely molded by that single impression. In such a case the importance of death to life is invariably overvalued, and we can often perceive how the child's actions and reactions are so directed as to find relief from this oppressive idea, or compensation for it. Children adopt various tricks in their struggle against death. Some take an ostrich's refuge, avoiding every possible reminder of the subject, some develop other anxieties which keep the real terror out of conscious-

ness, and there are others, more actively disposed, who strive to protect and arm themselves, and to overcome death. In all of these the so-called instinct of self-preservation is more than normally evident.

There are two methods of fighting death with some certainty of victory. The first is to preserve the race, by producing and rearing children. In so struggling to conquer the destiny of the individual, the strongest instincts may be allies, and the mind's interest may be quickened towards society and the future of mankind. This common-sense compensation for the fear of death naturally involves the healthiest conceptions of love, and the exclusion of all perversions. The second method, suited to more individual ambitions, is to live so as to influence the life of the future. This has been the ruling motive of many great men, who have done enduring work in art and science, and it is a purpose most clearly visible in the lives of poets. Both in the procreation of the race and in the progress of its culture, a leading part is played by this psychic striving to conquer death.

The fact that the work of many poets and philosophers has been largely motivated by the desire to overcome death is shown by the power of death in their reflections. We see it in Horace's "Exegi monumentum aere perennius," and in Heine's "Nicht in Düsseldorf am Rhein will ich stehn auf taubem Stein." And Tolstoy writes: "If I do not know how to act in any situation, I imagine—What should I do if I were going to die tomorrow?"

The early fear of death may provoke a striving rather worse than useless, even though efficient. I have already made passing reference to the case of a boy of fifteen who had been deeply impressed by the death of an older sister, and often talked about death. When I asked him what he wanted to be, I thought he would say, "A doctor." But he answered: "A grave-digger, because I don't want to be the one who is buried. I want to bury the others." And he did so, in his own way, for he became a merchant, a hard man of business who "buried" his competitors.

Quite another way of life is very commonly taken by children who have had some sharp experience of death. They form an early desire to become physicians, and to master all medical knowledge in order to survive. In a discussion which I once opened in a medical society, nearly everyone present recounted memories of the death, mortal danger, or illness of some member of the family. A professional psychoanalyst who was present objected to my interpretation of this similarity of their experiences, which I could relate to many other cases of the earliest memories of physicians; he insisted that his own first recollection was of quite a different character. He remembered saying to his sick mother, when he was four years old, "Wait a little, and when I am grown up I will buy all the best and most expensive medicines."

Failing all three of these compensations, the fear of death may find a religious relief by faith in the immortality of the soul. This may appear in complicated

forms such as reincarnation, or more directly, as in spiritualism. The latter is founded upon the value of the assumption that the spirits of the dead can still move, act, and speak—a value which we must fully admit, in the absence of more realistic hopes of conquering mortality.

Not only in physicians, but in all workers, the choice of the occupation is foreshadowed by some dominant interest of the psychic prototype. The development of this interest into the concrete realization of work is often a lengthy process of self-training in which we can see the same idea adapting itself successively to various material possibilities. Thus a great interest in playing with toy soldiers, which may be a preparation for military life, may also be the prelude to success as the director of a department store. To play at sewing with needle and thread need not reveal a future tailor; it may just as well be the first step towards the career of a surgeon. Playing with dolls is the sign of an interest which may well develop into marriage and family life, and it may also be the sign of a future nurse or teacher.

Both marriage and occupation demand power of independent action, and readinesss to accept the division of labor. These qualities cannot exist without a certain degree of social feeling and adaptation, and it is often at the time when the choice of an occupation becomes necessary that the lack of social adjustment

appears. I believe that the attention of children should be drawn fairly early in their schooldays towards the question: "What do I want to do later in life, and why do I want it?" The ideas which are thus elicited, taken together with their organic deficiencies or peculiarities, are our best help in the vocational guidance of pupils. We should not only look for the most highly trained interest, but seek to understand its root in the psychic prototype. Wherever we find an ability it is the result of an interest in which the child has trained itself, stimulated by the totality of its circumstances. So clearly does this appear that we are justified in believing that anyone could accomplish anything, given the right training and the correct method.

By the way in which the child thinks and behaves and by his characteristic perceptions, his interest is being specialized for his future occupation. The interest as a whole, however, is increased or decreased by his sense of the attainability of his goal of superiority. In the course of his development, the child will concretize his goal in various unattainable forms, which he must be able to abandon without any fundamental discouragement. Our task, therefore, is to support the child *in soul* and not in consciousness. The closer his social contact remains, the more common-sense conceptions of superiority will he develop.

A child's idea of superiority is, of course, very often influenced by desire to surpass the father in his occupation. Thus, if his father is a school teacher, a boy may want to be a professor. As a rule we find that the

more the choice of profession changes, the more the child understands reality; but in each choice we can always detect the impulse towards domination, the determination to attain a goal of importance or of security, or at the least to escape difficulty or defeat. The child paints a new picture of his future action from time to time; but always conditioned by the same prototype motive. When the actual choice of the profession has to be made the child is confronted by the reality which he has long been approaching, and that reality may come in circumstances either hostile or friendly to his own striving. The goal of the working life has now to be fixed, however, and the youth strikes his bargain with reality by taking up work in an individual manner. Whatever latitude of choice may present itself, he decides *how* he will confront this necessity for action in accordance with all the facts as he understands them. It is not to be expected that his conclusions are perfectly correct. More or less of an individual mistake is invariably involved in his choice. The conception of his function, in its ideal final form, is distorted by irrelevant factors. Money is one of these, which in our present civilization has an altogether exaggerated importance. This final form may be obscured also by an interest in long life and health, security, or social ambition, or be warped by domineering and critical tendencies.

In discouraged children there is generally a doubtful or despairing attitude, and every struggle reveals movement towards escape from the necessity of a

decision. Very often this is shown in the selection of various and inconsistent professions, preference for no profession at all, empty ideals, lack of adventure, or by delinquent tendencies.

It is well worth while to compare all the selections of a profession which a child makes in the course of its development, for, taken as a whole, they disclose the line of action and the degree of social interest and courage. We should not ignore the queerest and most fantastic choices, for they are related in a metaphorical way to the attitude a child is preparing to assume towards the demands of reality. One boy, for instance, when I asked what he wanted to be later in life, replied, "A horse." He was always trying to imitate both the movements and the speed of a horse. In his babyhood he had suffered from endocarditis and had been obliged to lie very still in bed for a long period. Later on he expressed his choice of a profession more realistically by becoming an automobile engineer. Another boy seven years old also symbolized his ambition by wanting to be a horse. When asked for the reason, he said, "My father is ill, and as I am the eldest I shall have to support the family."

In either of these cases it would be ridiculous to seek for the cause of the fantasy in phylogenetic influences or in sexual motives. The first boy was interested in movement, because the confinement of his illness had given him a specific feeling of inferiority. The second boy's use of the idea of the horse was entirely different. He was considering how best to replace and surpass

his father, and the horse was the symbol of his future as the bearer of a heavy burden. I found another of these animal-fantasies in a boy of ten, who wanted to be a buffalo, and used to charge home from school in a posture imitative of an advancing bull. He developed into a bully; and his ideal character in history was Achilles.

The bodily postures and attitudes always indicate the manner in which an individual approaches his goal. A person who goes straight on shows courage, whereas an adult who is anxious and hesitant has a style of life that prohibits direct action, and something of a detour appears in every action. We can always detect by the way in which an individual gives his hand whether he has social feeling and likes to be connected with others. A perfectly normal handshake is rather rare; it is usually overdone, underdone, or betrays a pushing-off or pulling-to tendency. It is noticeable in a tramcar that some people lean sideways; they wish to be supported and are quite oblivious of others' convenience. The same social insensibility is seen in those who cough in front of others, quite thoughtless of infecting them. Some, in entering a room, seem to keep instinctively at the greatest possible distance from everyone else. All these things reveal, more directly than their conversation, the attitude that individuals assume towards life.

The attitudes adopted in sleep are as significant as

the postures and movements of daily life. Very little children sleep upon their backs, with the arms raised; and when we see a child sleeping in this position we may assume that he is healthy. If the child changes this position and sleeps with the arms down, for example, some illness is to be suspected. Similarly, if an adult is accustomed to sleep in a certain position, and suddenly changes it, we may assume that something is altered in his mental attitude. Organic defects play their part, of course, in conditioning the sleeping posture. A person suffering from pneumonia or pleurisy will always sleep upon the defective side, sometimes without knowing why he does so. He does it unconsciously because it eases the breathing. Some persons who have heart trouble, or think they have, believe that they cannot sleep upon the left side. There is no organic reason for this, but they feel that they must be careful of the side which is the weaker.

When we see a person sleeping upon the back, stretched out like a soldier at attention, it is a sign that he wishes to appear as great as possible. One who lies curled up like a hedgehog with the sheet drawn over his head is not likely to be a striving or courageous character but is probably cowardly. We should be careful not to give him a difficult task until we have found out how to give him courage. A person who sleeps on his stomach betrays stubbornness and negativity.

By comparing the sleeping postures of patients in various hospitals with the reports of their daily life, I

have concluded that the mental attitude is consistently expressed in both modes of life, sleeping and waking.

Some people turn a gradual somersault in sleep, and awake with their heads at the bottom of the bed and their feet on the bolster. Such people are psychically in an attitude of unusually strong opposition to the world, of the neurotic type which will often answer "No" before having understood the question. There are also patients who make a half-turn and sleep with their heads hanging down over the edge of the mattress. They develop headaches from this practice, which are generally used to escape the demands of the following day.

I was considerably puzzled by the discovery that some children sleep in a crouching position, resting on their knees and elbows like animals; but I finally found out that this is the best position in which to hear what is happening in the next room. It is adopted by children who have more than the normal desire to keep in contact with others, even in sleep, and they generally want to go to bed with the door open.

Thus all postures have a purposive nature. I once treated a man who had become blind, and since then had always wanted to hold his wife's hand while he slept, which prevented her from moving. This was a pathetic disguise for a tyrannical tendency. When she resisted it he developed hallucinations at night, and imagined that burglars had caught her and carried her off. This hallucination was a development of the same line of action, to keep her in his power.

Restless sleepers, who keep moving all night, show that they are dissatisfied and want to be doing something more. It may also be a sign that they want to be watched by another person, usually by the mother. When children cry in sleep it is for the same reason, that they do not want to be alone but would like to insure notice and protection. The quietest sleepers are those who are most settled in their attitude to the problems of life. Their lives being well organized by day they can use the night for its proper purpose of rest and recreation, and their sleep is generally free from dreaming.

CHAPTER XI

Cases in which treatment is resisted.—Anxiety-neurosis.—Compulsion-neurosis.—Organ jargon.—Dialect of the sexual organs.—Free sex relations as revenge.—Resistance to marriage expressed by dream: by melancholy.—Relation of sleeping to waking.—Hypnotism.—Limitations of hypnotic treatment.—Dream-interpretation.—Absence of dreams.—Dream expressing conflict in marriage.—Self-deception of dreams also observable in waking life.

IN cases where the patient begins with a feeling that treatment will of itself endanger the goal of superiority it is often difficult to make a start. I had such a case in a married woman of twenty-five, who suffered from an anxiety-neurosis. At the first interview I asked her to take a chair beside me, and instead she sat down at the other side of the room.

Her violent attacks of anxiety occurred when her husband was delayed in coming home. She had felt curtailed in her life with her family, and her husband was the first person who had treated her with overindulgence, but now his business obligations made it impossible for him to devote himself so much to her. She now wanted to be connected only with her husband and to exclude everyone else, and by the development of an anxiety-neurosis she was hindering her husband's business. No one else could demand anything from her, and her husband had to obey, but she paid for this success by very painful anxieties, and her

husband had been able to persuade her to come and see me.

Not unnaturally, the situation was an impasse. She felt before coming that I was a danger to her, and symbolized her attitude in her behavior over the chair. If I freed her from her neurosis she would have no weapon with which to face her husband.

Another such case was that of a married woman who had been the youngest of a very competitive family. She had been reproached and teased as the inferior member of the family, and as a girl had found no way of compensating for this unfortunate position, except to prove that other people were not in the right. This habit won her the nickname of "the judge."

When she married it was in order to get even with her married sisters. She was not in love with her husband, but was afraid of being despised if she did not prove herself capable of a happy marriage. But although she had three children she could never feel equal to others, so she defended herself against society by roughness, arrogance, and criticism. Such behavior is often nothing but a neurotic safeguard against disappointment, and it is a complete misjudgment to call it the result of inherited psychopathic conditions.

She felt sure that she could not equal her eldest sister in the art of housekeeping, and her husband made a mistake when they were first married, by asking her if she would be as orderly as her sister. This

touched her on the sensitive spot, and from that time onward she wanted to avoid housekeeping, or at least to fail in it under extenuating circumstances. A form of compulsion-neurosis ensued, which took the form of devoting herself to the linen and laundry work until her care and accuracy were a nuisance and a waste of time. As this left her no time for anything else she had an excuse if the marriage developed unhappily.

She had another device by which to defend herself which is not uncommonly used by neurotics; she used to judge other people by their likeness or unlikeness to Jesus Christ. Thus, after setting anyone on a pedestal for admiration, it was easy for her to discover faults in him, to prove that he was not a Christ-like character, and then to cast him off. She used this defense against the many doctors to whom she went for treatment, and frustrated their efforts because of her prototypic feeling that if she were understood she would be "put back" to her inferior position of the youngest. She had, therefore, to prove the doctors wrong, always tried to forestall their opinions, and constantly worried and reproached, so that they were unable to speak, and the time of the consultations passed ineffectually.

As we have seen in a variety of cases, the organic functions are dominated by the style of life. This is notably the case with the lungs, the heart, the stomach, the organs of excretion, and the sexual organs. The disturbance of these functions expresses the direction

which an individual is taking to attain his goal. I have called these disturbances the organ dialect, or organ jargon, since the organs are revealing in their own most expressive language the intention of the individual totality.

The dialect of the sexual organs is especially expressive and very often leads the patient to the doctor. Each case has its peculiarities, but in practically every one the patient is expressing by a disorder of the sexual functioning, a stoppage, hesitation, or escape in the face of the three life-problems. Whatever partial sexual satisfactions the patient may be providing for himself are of the nature of an escape from the real problem, and the remainder which is left over for a normal expression has to be excluded. In this way the various forms of impotence are traceable to a common root in a disinclination and lack of training for relations with other persons. This is always demonstrable when we leave the sexual symptoms temporarily out of account, and study the nature of the patient's social contacts. Most of the cases which I have known, of this specific functional failure, concerned patients faced with the problem of marriage. *Ejaculatio præcox* varies much in its individual meaning, but I have found it to be a sign of an egoistic character and a feeling of impotence, and it invariably goes with a very poor social adjustment. Failure to ejaculate occurs in egoistical men who are afraid of having children, generally because of their possible rivalry.

Nobody who has understood anything of Individual

Psychology would attempt to cure such cases as these by upbraiding the patients with the words I have used, as if we could do good by taking up a moralistic attitude. A patient has to be brought into such a state of feeling that he likes to listen, and wants to understand. Only then can he be influenced to live what he has understood.

In women the same dialect appears as vaginismus. This is an avoidance of man, which is accompanied by other mental symptoms signifying the woman's aversion either to a certain man or to men in general. Besides this active avoidance there are the passive forms of sexual rejection, frigidity, and a display of passivity. This lack of function mirrors an idea in the woman's mind of not being present in intercourse, as though the event were only the man's affair. In all cases of frigidity I have found that the woman felt the female rôle as one of humiliation and curtailment. It is important to verify this precisely and apart from the sexual life.

Ambitious girls who have been too much spoiled may easily lose confidence in regard to sexual relations. This was the case with a very beautiful girl whom I treated, the youngest of the family and spoiled by everyone, especially by the father until he married a second time. His remarriage undermined her self-confidence. It is very difficult for a stepmother to take her place in relation to her husband's children without exciting their antagonism. I do not know if others have the same experience, but I have found that

it is the girls who make the most trouble in these cases, and if an opportunity offers, they begin free sexual relations as if in revenge. When they are intelligent and sensitive enough to feel the full difficulty of the situation, they are conscious of a lack of love from both sides, and often become frigid and elude marriage, which was the case with my patient. We might well ask why this girl continued to enter into sexual relations at all, if we reckon up all that she had against it. She had the memory of being deserted by her father, the experience that a lover did not pamper her as her father did, and in addition to these things she had the gruesome experiences of undesired pregnancy and artificial abortion without physical gratification in love. To set against all these disadvantages she had nothing but a secret sense of being revenged upon her father.

An individual can never settle down into such an unsatisfactory style of life, which excludes marriage and is ill-adapted to social relations or to work. What happens is a state of continual tension, which becomes acute in the face of every real problem that may present itself; and which often appears in headache and fatigue.

My patient dreamed: "Jesus Christ appeared to me, and invited me to go to heaven with Him, where my task would be to amuse all the other people. If I did not choose to do this I was to go to hell. Then I found myself in heaven, and saw many angels who looked like the penguins in Anatole France's satire, and I

also saw God, shaving His beard and looking and moving like the man in the advertisements in the chemist's shop-windows. I felt a great despair and wanted to go away."

This dream is difficult to interpret unless we relate it to the general line of the girl's development; indeed we should not make any sense of it if we could not estimate, from her history and its involved line of action, what was the emotional idea with which she was trying all the time to intoxicate herself. This was an idea of rejecting virtue and taking to vice, motivated by revenge against the father, who wanted virtue of her. Having grasped this fundamental agreement of the dream with everything else the patient is doing we can proceed to interpret: "To amuse the other people" corresponds to her notion of the humiliation of the female rôle, which she conceives as only an amusement for men. Jesus Christ is her supreme symbol of a man of very earnest and unselfish character who proposed to marry her. He had said to her, "I want to sacrifice myself to make you happy." Heaven, therefore, is the heaven he promised her in marriage. But as we have seen, she is fearful of defeat in marriage, so that married life cannot be allowed to seem attractive, upon the same principle that the grapes which are too high to reach must be suspected of being sour. So in her dream, this man in his little village appeared to her in the contemplative mood of the Viennese satirist, Nestroy, when he wrote: "What

is a man? Getting up, shaving, and going to sleep again!"

A much spoiled girl, the youngest of eleven sisters and brothers, and correspondingly ambitious, had another way of making the grapes of marriage sour. She had a few sexual intimacies, but only with married men. I am always suspicious if a girl begins with married men, because the difficulties are obviously so much greater, and an impracticable choice is not to be simply explained away by insisting upon the uncontrollable power of love. It was easy in this case, to find out that the patient had been intimidated by her pampered upbringing, and was especially nervous of the issue of marriage because two older sisters had been happily married and she feared she would fail to surpass them. She had always been conscious of this, but was not so well aware of what she was doing in her successive liaisons. If one of her lovers wanted to get a divorce and marry her, she left him—depressed and crying a little, of course, but always firm because of the poor wife, who was usually a personal friend of hers. The depression soon ceased with the beginning of another affair, but finally, after breaking off an intimacy in these circumstances, she went into a melancholy that lasted for months.

It was then that she came to me: she was thirty-six years old and living with a brother who was a widower and who pampered her very much. But in their first

months together he had spoken of marrying again, and suggested that she should marry too. Faced with this undesirable prospect, and in the act of breaking off a relationship, she made her illness a device to "kill two birds with one stone." It gave the brother a warning to take more care of her, and herself a lesson not to begin again with another man because of new and more dangerous consequences.

Sleeping is another kind of waking. We could, of course, be equally justified in saying that waking is a variant of sleeping, the truth being that in order to understand them, either psychologically or biologically, we must give up the idea that they are contradictory states. Biologically considered, sleep is only a partial cessation of the organism's contact with its environment, a lessening of its functional activity. In sleep our attention retains a certain amount of contact with reality through feeling, hearing, and thinking, but we exclude the greater part of the connections between them. We observe the limits of our movements in bed and do not fall out. We select some noises as important enough to awaken us and neglect others, and we can even wake ourselves up at stated hours. All these activities which sleep does not exclude are also carried on in the waking state, often hardly any more consciously.

Hypnotism is also a variety of waking, but it differs from sleep by excluding a different class of activities. The hypnotized subject excludes whatever the hyp-

notist wishes him to exclude, having first agreed (whether he admits it or not) to accept only the hypnotist's commands. Thus hypnotism may be called sleeping to order. Apart from hypnotism this sleeping to order is not uncommon, especially among children. Thus hypnotism is a proof of very great obedience. It is often regarded as a justifiable method of medical or psychic treatment, but Individual Psychologists naturally avoid it, knowing that the essence of successful treatment is an increased courage and self-control. A patient must prove these qualities by using them himself, not by abdicating control to another. The frequent failures which follow hypnotic methods of treatment are the patient's revenge for having been unexpectedly attacked by suggestion during the hypnosis.

There is nothing surprising in the fact that hypnosis can remove or mitigate certain symptoms, though without permanent benefit. I have already pointed out that the same is true of many suggestive methods, which the patient regards in a magical or semi-religious light, but these thing do not of themselves teach a better adaptation to life. Thus they give transitory alleviations, and seem to be most effective in reducing the neurotic symptoms accompanying certain organic diseases, such as apoplexy, after-effects of syphilis and multiple sclerosis. As Ludwig Stein has shown, nearly all organic illnesses produce more symptoms than are necessary. These nervous complications are best treated by the method of Individual Psychology,

which, though it cannot cure pneumonia or heart disease, may very much relieve these conditions by encouraging the patient.

Our distinctive method of dream-interpretation is founded upon this recognition of the unity of the waking and sleeping life. This is an advance upon the valuable discoveries of Lichtenberg and of Freud, that dreams always contain signs of vital problems which the dreamer never recognizes in his waking life, discoveries which our work amply confirms. But the dream is not merely the substitutionary satisfaction of wishes unfulfilled in waking—especially not of Freud's "infantile sexual desires"—but it is a function of the entire style of life, more dynamically related to the future than to the past—a fact intuitively known in antiquity when dreams were regarded as prophetic and not as historical. The dreamer is engaged in molding his attitude and disposition to the coming events of his life, storing up a certain reserve of feeling and emotion which could not be acquired in the daytime by contact with reality and by logical thinking. He thus accumulates a certain irrational force to sustain him in the pursuit of his own goal of superiority in the problems he anticipates, to solve them in his own way and against the demands of common sense.

In dreams, therefore, we never find any other tendencies or movements than those manifested in the style of the waking life when the latter is coherently grasped. We cannot oppose "consciousness" to "un-

consciousness" as if they were two antagonistic halves of an individual's existence. The conscious life becomes unconscious as soon as we fail to understand it—and as soon as we understand an unconscious tendency it has already become conscious.

The dream strives to pave the way towards solving a problem by a metaphorical expression of it, and in itself it is a sign that the dreamer feels inadequate to solve it by common sense. A *metaphorical* conception of one's situation is a way of *escape* from it, as it may be used to support almost any kind of practical action. This is best exemplified in the dreams which create the feelings and emotions of success, as they produce a kind of intoxication which perfectly resists the logic of communal life. Naturally the dreamer does not recognize his own metaphor for what it is. If he understood it, it would be ineffective for its purpose. It is essentially a self-deception, in the interest of his own individual goal. We should expect, therefore, that the more the individual goal agrees with reality the less a person dreams, and we find that it is so. Very courageous people dream rarely, for they deal adequately with their situation in the daytime.

There are problematic cases, of course. An absence of dreams may prove later on to be only an absence of their contents, which are entirely forgotten so that only the emotion remains. That is but a further step in the self-deceptive process of which dreaming is one of the functions, and its purpose is to prevent the individual from getting insight into his dreams. Or the

absence of dreams may be a sign that the patient has come to a point of rest in his neurosis and established a neurotic situation which he does not wish to change. Short dreams indicate that the present problems are such that the dreamer desires to find a "short cut" between them and the individual style of life. Dreams which are long or very complicated are dreamed by patients who are seeking excessive security in their lives, and they generally indicate hesitation and a desire on the part of the patient to postpone even his own self-deception in case it should not work out rightly. The style of life is best shown by dreams which are often repeated, or which have remained in the memory for many years.

The methods of self-deception which we use in dreams can be seen not only in the abuse of comparisons, metaphors, and symbols, but also in a tendency to narrow or foreshorten a present problem until only a part of it is visible—a part which cannot be judged by the same standards as the whole. The urgent and necessary decision of a vital problem, for example, may be dreamed of in the form of an unimportant school-examination.

A case in which dreams played an important part was that of a man who had been married eight years and had two children, but was disappointed in his wife. His great complaint against her was that she did not take sufficient care of the children. The accentuation of the duty to the children in marriage is always the sign of a deeper-lying disagreement with the part-

ner. Whether this man was right or wrong about his wife's neglect of the children, he used his criticism of it to express a deeper reproach, and held it as a stronghold against her. This was evident from other details of his behavior, which showed that he worried about her management of matters other than the children, such as her housekeeping. The real source of his antagonism was his belief that she had not married him for love, and he found confirmation in the fact that his wife had been frigid. I have always found that long-continued frigidity offends the husband in the highest degree, and both partners become more or less irritated. In order to have a powerful proof of his wife's guilt, instead of the real and humiliating reason for his condemnation of her, he developed this exaggerated fear for the children, and subsequently came to me because of headaches and a distaste for work. He was not courageous enough to get a divorce or to seek another woman, having grown up with the feeling that in childhood he had been put back by his mother.

This man became very jealous and lost all faith in women. One night he dreamed, "I was in a battle in the streets of a city, and in the midst of the shooting and burning many women were thrown into the air as if by an explosion." He afterwards suffered much from pity in remembering this picture, until my treatment enabled him to understand it. It agreed with his attitude to his marriage-problem, for in this dream he gratified his rage by picturing a general extermina-

tion of women, which he was compelled to repudiate because he was not without social feeling and compassion. We can see how this pitying afterthought enabled him to maintain the daily attitude he assumed towards his wife—that he was not at all *angry* with her, but only *solicitous* for the children. I should analyze the structure of his dream as follows: He selected some terrible pictures from his memories of the war—we call this the selection of an adapted thought—and then *compared* the relations between the sexes to such warfare. In this way he minimized the whole problem of the sexes to a small part of it—a battle—leaving out all the more important factors. When he recovered from his fright, and when his self-deception and self-intoxication were explained and understood by him he became quieter and the headaches ceased, but he did not wish to be reconciled to his wife. He then had another dream: "The youngest of my three children got lost and could not be found." As we know he had only two children, but he was very frightened both in the dream and after awakening from it.

The line of reproach which this patient had always taken against his wife was the accusation of neglecting the children. So if he imagined a third child lost it was a warning not to have more children and thus increase the danger. By this detour he could avoid resuming relations with his wife. Again we see how the selection of an adapted thought enables him to work up a comparison which minimizes the whole problem of educating and protecting children to one detail of it.

Nevertheless, a very acute psychologist may detect, in the selection of the fiction of a *third* child, the beginning of a movement towards reconciliation. For it is as though the patient glimpsed the possibility of another, but withdrew, saying, "She may be careful enough for two, but surely not for three."

The self-deception practiced in dreams is very often traceable in the waking state, a fact of which I once had a very interesting proof. I was about to leave Vienna when a former patient rang me up and asked me to see his sick wife. He had consulted two physicians and neither could decide what was the course of the fever. I was in a hurry and tried to excuse myself, saying that I was not a specialist in organic illnesses, but I finally yielded to his insistence. I found the patient was suffering from typhus, and recommended a consultant who was skilful in such cases. He still resisted, saying that no physician could tell him more than I could, and I had difficulty in getting away with a promise that I would visit him as a friend as soon as I returned to Vienna. He kept on saying, "But he could not tell me more than you have told me." At last I persuaded him to call in the expert, and went away. When I returned to visit him a few weeks later his wife was recovering, and he told me he was very well satisfied with the doctor I had recommended. Then, in a very positive tone, he observed, "Of course, you told me when you came that Dr. W. had died that morning."

I had told him nothing of the kind, so I denied it.

I had read the news myself in my vacation only the day after leaving Vienna. He would not believe this, however, and stoutly maintained that I had spoken of Dr. W.'s death. When I asked him what made him think I had told him, he answered, "Why, you must have done so. For when the consultant came to see my wife the next day, he had no sooner greeted everyone present than he turned to the doctors and said, 'Do you know my friend, Dr. W., is dead?' 'Yes,' I interposed, 'Dr. Adler told me so yesterday.' The specialist looked surprised and said, 'I know Dr. Adler very well, but I did not know he was blessed with the gift of prophecy.' There must be some mistake, and I wonder if you can explain it."

It was not so difficult to explain. This man had almost unlimited faith in me, and when I saw him before my departure he had repeatedly said, "The specialist cannot tell me anything that you haven't said." He had intoxicated himself with this idea, so that he received the new doctor with an emotional determination that whatever he said, it would be something I had already told him. Thus he spontaneously took the first piece of information which the specialist uttered and firmly, and with perfect self-deception, ascribed it to me.

THE END.

PROBLEMS OF NEUROSIS

Index

INDEX

Achilles, 175, 214
Adopted child, situation of the, 66
Aerophagia (air-swallowing), 149, 150, 195, 200
Aggression, truth as weapon of, 68
Agoraphobia, 47, 52, 74, 146, 149, 170, 201, 205
Alcoholism (*see* Drunkenness)
"All or nothing," neurotic formula, 103
Ambition, 65, 85, 88, 107, 108, 111, 137, 203, 222, 225
Ambivalence refuted, 141
Anamnesis, 176
Anger, and fainting, 99
——, and headaches, 107, 108
——, and masculine protest, 90
——, suppression of, 65, 109
——, use of, 73, 144, 145
Angina pectoris, 200
Animal characteristics and the prototype, 104, 173, 213 *et seq.*
——, animal fantasies, 213, 214
Ankylosis of the knees, 201
Antagonism, in marriage, 230 *et seq.*
—— to family, 152, 173, 185
—— to society, 154, 216, 219
Anxiety, and stomach trouble, 105
——, fictitious form of, 52
——, use of, 73, 137, 145, 180, 231
Anxiety neurosis, 42, 47, 52, 165 *et seq.*, 200 *et seq.*, 218
Apoplexy, 227
Appreciation, neurotic striving for, 53
Art, human value of, 131
Arthritis, gonorrheal, 201
Asthma, 153, 195
Astigmatism, 182
Athletics, as denial of femininity, 89 *et seq.*
Attachment to one parent, 146 *et seq.*, 154, 169, 204
Audacity, 175

Backward child, 143
Beethoven, 79, 117
Begging attitude, 140 *et seq.*, 165
Behavior, changes in, 153
——, in love and society, 95
——, insulting, 173
——, not hereditary, 162
—— pattern, 62, 82, 85, 88, 99, 127, 143, 161, 175
Beliefs, consequences of real, 112
Benjamin, 164
Biblical history, examples from, 161, 164
Birth control, 168
Blushing, 185, 186, 193
Brain and blood circulation, peculiarities of, 99
"Brothers Karamazov, The," 163
Buzzing in the ears, 140

Cæsarian madness, 188
Cancer, fear of, 165 *et seq.*
Castration complex, 118
Catatonia, 57
Celibacy, as goal of superiority, 191
Character, basic, relatively unchangeable, 75, 76
Charity, spurious, 83
Charlemagne, 45
Child-bearing, attitudes to, 109, 110, 184
Children of great men, 46
Chorea, hysterical, 153
Civilization, masculine rôle in, 68, 91, 117
——, money over-valued in, 212
——, over-intellectualized, 130
——, right-handed, 117
"Clairvoyance," neurotic's belief in his, 121
Cleaning mania, 54, 160
Clumsiness, 103, 114

Coherence of life-current (*see* Life plan)
Common sense, and science, 82
——, neurotic rejection of, 124
——, objectivity of, 72, 95
Compensation, and social feeling, 75, 180, 193
—— for defects, 45, 79, 80, 104, 116 *et seq.*
—— for fear of death, 78, 207, 208
——, genius, and talent, 80, 208
——, negative, 116
Compensatory striving, 42, 80
Competitive striving, 107, 219
Compulsion ideas and feelings, 52, 56, 57, 196
Compulsion neurosis, 49, 57, 83 *et seq.*, 160, 181, 219
Contrariness, 161
Courage, degree of, 46, 77, 79, 95, 116, 159, 161, 229
—— in choice of mate, 67, 160
Cowardice, 71, 75, 77, 81, 108, 120, 133, 149, 164, 188, 215
Crime and criminal development, 135, 174, 188, 189
Criminal statistics, 189
Crisis, earliest in life, 132
—— in middle age, 165
—— of school life, 159
—— of vocational choice, 211
Cruelty, 81, 121
Crying, an accusation, 66, 143
Cure, conditions of, 124
Cyclothymia, 72

Danger, neurotic emphasis on, 168
David, 164
Daydreams, 143, 144, 192, 205, *et seq.*
Deafness, 79
Death, fear of, attitudes to, and compensations for, 78, 207 *et seq.*
Death wish, theory of infantile, 137
Decisions, fear of, 43, 56, 154
——, Tolstoy's method, 208
Deficiencies, inherited, 44 *et seq.*, 78, 180
——, compensation for (*see* Compensation)
Delinquents, educational factor in, 176
Demands of life, 61
Demosthenes, 79
Depression, 83 *et seq.*, 114, 133 *et seq.*, 136 *et seq.*, 143, 146, 153, 225
Destiny (*see* Fate)
Dethroned child, 106, 152, 154, 158 *et seq.*, 163, 181
Diagnosis, 49, 71, 79, 200
—— and treatment, 111, 123 *et seq.*
Diarrhœa, and mountaineering, 43
Disastrous cases, 173
Discontent, 81, 133
Discouragement, avoidance of, 212
——, symptoms of, 153, 158, 213
Disobedience, 152, 155, 182
Disorderliness, 81
Distance from others, 81
Domineering disposition, 61
Don Juan type, 189
Dostoevsky, Fedor, 163
Dreams, as mirror of behavior, 47
——, as self deception and intoxication, 48, 228 *et seq.*
—— as prophetic, 120 *et seq.*, 228 *et seq.*
——, attitude to in Antiquity, 164, 228
——, forgotten, 231
——, freedom from, 217, 229 *et seq.*
——, Freudian conception of, 57, 228
——, Joseph's, 164
——, length of, 47, 230
——, patients', described, 47, 58, 109, 141, 195, 201, 223, 231, 232
——, principles of formation of, 47, 57 *et seq.*, 229 *et seq.*
——, recurrent, 230
——, in Individual Psychology, 57, 58, 229, 231
Dream-moods and the goal, 58, 74, 164, 228
Drug habit, 101, 103
Drunkenness, 99, 100, 103, 128, 135, 197
Duty, evasion of, 128
Dvorak, 117
Dynamic unity of mental process, 141

Earliest memories, 123, 139, 143, 147 *et seq.*, 154, 179, 185, 202, 207

Earliest memories of physicians, 209
Eating, abnormal interest in, 105
Education of boys, 175
——, effect of, on impediments, 113 *et seq.*
—— of girls, 119
Education, improved methods of, 45
—— for life, 90, 95 *et seq.*, 173
—— of the only child, 169
——, methods of, 44 *et seq.*, 169, 176
——, mistakes in, 163, 176, 178
Ego, development of the, 48
Ego-centric interest, and egoism, 85, 109, 111, 133, 149, 152, 185, 198
Ejaculatio præcox, 97, 221
Eldest child, 151 *et seq.*, 157, 182, 196
Emesis, 149, 195, 200
Emotion and circulatory disturbances, 107
—— and nervous system, 185
—— of dreams (*see* Dream-moods)
Emotional arrangements, 60, 74
Endocarditis, 213
Enuresis, sympotomatic use of, 81
Environment, cosmic, 80
——, family differences of, 151
——, relations with, chosen or permitted, 41, 76
Envy, 104, 145, 153, 158
Epileptoid fits, 52, 99, 107
Erythrophobia (*see* Blushing)
Escape into fancy, 120
—— from life, 122
Examinations, fear of, 181
Exasperation, 191
Exhibitionists, 205
Extravagance, 127

Facial contortions, 119
Fainting, 113
Fainting fits and anger, 99
Family constellation, 105, 128, 151 *et seq.*, 162, 164, 165, 175
—— competition, 156, 158
Fatalistic failure, 140
Fate (and Destiny), 132, 138
Father Zosima, 163
Fatigue, 53, 223
Fault finding and useful criticism, 81
Favorite child, 137
Fear, 55, 207
—— of death, in children, 78, 207
—— of defeat, 52, 54 *et seq.*, 60, 81, 149, 153 *et seq.*, 159, 205
Fear of thunderstorms, 203
Feeling of inferiority, 41 *et seq.*, 49, 78, 81, 82, 102, 106, 114, 123, 132, 141, 145, 166, 170, 172, 191
——, sexual basis of, 68, 88, 90, 117 *et seq.*
——, three-fold cause of, 78 *et seq.*
Fellow-man, first experience of, 64, 146
——, good, 76, 77, 146 *et seq.*, 182
Feminine environment, effects of, 175
Flatulence, 149, 200
Folk-lore, character in, 164
Fontaine, Theodore (an eldest child), 157 *et seq.*
Freedom of child's psyche, 79
Freudian conception of dreams (*see* Dreams)
—— interpretation of the guilt complex, 68
—— psychologists on love, 111
—— view of woman's feeling of inferiority (*see* Castration complex)
Friedman, Dr. Alice, article by, 115
Frigidity, 97, 222, 231
Freytag, Gustav, 116
Function, individual's conception of his, 211
Functional disturbances, 52

Genius, 80
Girlish appearance and upbringing, 169 *et seq.*, 202 *et seq.*
Glandular development, 171, 183
Goal, childish methods of attaining, 144, 153
——, individual, 55, 76, 87, 104, 112, 125, 144
——, neurotic, 52, 74, 144, 175
——, prototypic form of, 94 *et seq.*, 104 *et seq.*

Goal of superiority, 41, 46, 58 *et seq.*, 83, 88, 111, 161, 187, 192, 212
——, useful and useless, 42, 53, 57, 59, 78, 95, 103, 108, 131, 191
Goethe, 116
Grandparents, influence of, 146
Great men, ruling motive of, 208
Guilt complex, 68 *et seq.*, 83 *et seq.*, 136 *et seq.*

Hallucinations, 216
Handshake, and style of life, 214
Handwriting, tendencies shown in, 72, 115
Hated child (*see* Unloved child, case of),
Headaches, 52, 107, 108, 153, 216, 223
Hearing, deficient, 117
Heart troubles, 52, 194, *et seq.*, 215, 228
Heine, quoted, 208
Hereditary factors, 44 *et seq.*, 106, 129, 162
Hereditary, Theory of, in education and in psychology, 44
Hero-fantasies, in mythology, 192
Hesitation, 43, 51, 98, 111, 122, 140, 141, 154, 214
Homer, 79
Homosexuality, 90, 94, 171 *et seq.*, 190
Homosexual tendencies, 88, 149 *et seq.*, 175, 204
Horace, quoted, 108, 208
Hypnosis (*see* Sleep)
Hypnotic treatment, reasons against, 227 *et seq.*

Ideals of life, 95
Ideals of success, limited forms of, 189
"Identification" theory refuted, 162
Idleness (*see* Laziness)
"If," the neurotic, 46, 52, 124, 168
Illness, production or prolongation of, 122, 153
——, psychic and organic, 123
Imitation as a factor in neurosis, 53
Immortality of the soul, forms of belief in, 209
Impotence, 98, 125, 139, 140, 198, 221
Incestuous inclinations, 196
Independence, development of, 77
Indirect method of treatment, 69 *et seq.*
Individual and community, 76 *et seq.*
—— psyche, structure of, 94
Individual Psychology an art, 86
——, root-concept of, 78
——, theory and practice of, 125
——, views, tested, 81
Individual Psychologists, experiences of, 124
Infection, neurotic fear of, 59
Inferiority feelings (*see* Feeling of inferiority)
Inferiority-position of man in Universe, 130
Inferiority positions, three typical, 87
Inherited characteristics and tendencies, belief in, 131, 176, 178
—— instincts, theory of, 74
—— material, use of, 74
—— psychopathic conditions, misjudgment of, 219
Insanity, 103
——, manic-depressive, 71
Insomnia, 181, 200
Instinct of self-preservation, 208
Irritability, 105
Isolation, 81, 83, 96, 101, 127, 131, 140, 188, 191

Jacob, 161
Jealousy, 96, 98, 137, 153, 158 *et seq.*, 197, 201, 231
——, imaginary, 133, 198
——, unconscious, 199
Joseph, 164
"Julius Caesar," Mark Antony's oration in, 163

Kant, 117
"Killing time," 159

"Last hope," doctor as, 50
Law of the low doorway, 103

Laziness, 158, 182, 203
Left-handedness, 79, 101, 114, 115
Lessing, 143
Libido, theory of repression of, 111
Lichtenberg, 228
Life as a race, 50, 159 *et seq.*, 162
Life-goal and sex, 97
Life-plan, development of, 132, 140
——, Unity of, 123, 165, 180
Life-problem of love (sex) (*see* Love, life-problem of)
—— of occupation (*see* Occupation)
—— of society (*see* Society)
Logic and communal life, 229
—— and neurosis, 57, 59, 65, 72, 167
—— *v.* private intelligence, 72, 133
Love, adolescent training for, 90, 95
——, life-problem of (*see also* Problems of life), 43, 51, 61, 63, 65, 95, 110 *et seq.*, 127
——, normal, 90, 95, 98
——, perversions of, 90, 98
——, relation to goal, 93 *et seq.*, 111
Love and marriage (*see also* Marriage), 93 *et seq.*, 100, 112, 231
——, avoidance of, 51, 52, 90 *et seq.*, 97, 111, 118, 160, 166, 191, 205, 206
——, in literature, 95
Lovers, case of unequal education, 139
Lying, 68, 69, 83, 158, 182

Male superiority, 96
Mania, 55, 72
Manic-depressive insanity, 72, 187
Marriage (*see also* Love and Marriage), 93, 96, 98, 118, 125, 139, 148, 167, 219, 231
—— as a task, 67, 111, 160, 210
——, case of drunkenness in, 99
—— with a relative, 196
Masculine environment, 175
Masculine protest, 87 *et seq.*, 96, 196 *et seq.*, 203,
Masochistic rôle, 172, 190 *et seq.*, 206
Mass psychology, fantasy in, 192
Maternal functions, 64, 75
——, assumption of by physician, 124, 130
Masturbation, 43, 84, 127, 142, 149, 170, 181, 191, 194
Mathematics as a difficulty, 202
Melancholia, indirect treatment of, (*see also* Depression), 55, 66, 67, 70, 71, 137
Memories, choice of, 179
Menstruation difficulties, 89
Metaphorical conceptions, use of, 229
Migraine, 52, 153
Milton, 79, 116
Misogynist, 148
Money-making and nutrition, 105
Morning sickness, 195
Morphia, 102, 125, 135
Mother, resistance to the, 147
Mountain-climbing, significance of, 43, 173
Movement, handicaps in, 116, 182, 213
Movements and postures in sleep, 214 *et seq.*
——, gestures, and postures, meaning of, 113, 214 *et seq.*
Multiple sclerosis, 227

Nestroy, satirical quotation from, 224 *et seq.*
Nietzsche, and individual psychological view of guilt-feeling, 68
Neurosis a relief, 133
——, as weapon of aggression, 133, 220
——, first signs of, 105, 114
——, roots of, 55, 62, 86, 158
——, understanding of the, 55, 86
Neurotic children, three types of, 79, 82
—— choice of experiences, 74, 143
—— goal and emotions, 52, 56, 74, 97
—— heart, 74, 109, 200
—— infection, immunity from, 63

Neurotic children, symptoms, 52 *et seq.*, 60, 96, 145 *et seq.*, 152, 165, 183, 193, 195, 199, 228
Neurotics as strategists, 145
——, behavior of, 62, 77
——, degree of social feeling in, 135
——, educational factor in development of, 45, 176

Occupation (life problem of) 44, 56, 165, 181, 184, 201, 210 *et seq.*
Official position, attraction to, 166
Only boy among girls, 129, 175
Only child, position of, 169
Optimism, 95, 98
Organic defects and bodily positions, 152, 168, 173
—— disturbances, 52, 220
—— handicaps, effect of, 154
—— illness, symptoms in, 113, 122, 227
Organic inferiority, signs of, 122
—— weakness, 52, 54
Organically defective children (treatment of), 79
Organ-jargon, 221
Orientation, individual, 112
Orphan, 139 *et seq.*, 146
"Over-valued ideas," 167

Palpitations, 107, 109, 149
Pampered child (*see* Spoiled child)
Paralysis, diagnosis of, 72, 138, 188
Paranoia, 55, 187
Paranoid fears, 192 *et seq.*
Para-sympathetic nerves, 73
Patricide and murder, case of, 174
Perversion, 118, 142, 189
Perverts, 77, 135, 171
Petit mal, 99, 153
Philogenetic influences, 213
Phobia, 52
Physical defects (compensation for), 79
Pneumonia, 228
Pollutions, 43, 142, 182
Polygamous tendencies, 102, 141, 154
Postures (*see* Movements)
Pregnancy, defense against, 109, 118, 160
——, undesired, 223
Preparation for life, 61, 95, 210
Pride, 65, 75
Primogeniture, custom of, 157
"Private intelligence" (*see* Logic)
Problem children, 45, 54, 63, 77, 134, 159, 176
Problems excluded by patient, 123
Problems of life, the three, 55, 63, 82, 127, 154
Problems of life, relation to, 103, 216, 222
Procrastination, 154
Prophetic fantasies, 121
Profligacy, 156
Prostitutes, 77
Prototype as pattern of adaptation, 98, 153, 210
Prototypic law, 111
—— method in love and marriage, 103, 106, 129
Pseudo-angina, 200
Psychiatry, other schools of, 86
Psychic prototype, 93, 100 *et seq.*, 111, 119, 204, 212
—— situation, individual, 151
Psychosis, 55, 64, 187
Psychotherapist, function of, 124
Psychotics, 45, 62
Puberty, natural crisis of, 183
Pugnacity, 105, 153, 158

Race, procreation and culture of the, 208
Racial repetition theory, 162
Rage, 65, 99, 107, 231
Reality, demands of, 41, 187 189
Recollection of childhood, 49
Red hair as inferiority, 194
Re-education of patient, 41, 63
——, special methods of, 105
Reincarnation, 210
Religion, human value of, 131
Remorse and repentance, neurotic use of, 128, 137
"Resistance" to psychological treatment, 125
Respiratory troubles, 149
Responsibility, 43, 49, 94, 134, 142

Revenge motive, cases of, 50, 57, 133
Riches, desire for, 101, 156
Rivalry in infancy, 110, 153
Robespierre, 158

Sadism, 157, 189, 192
Saul, 164
Saviour fantasies, 67, 187
Schiller, 116
Schizophrenia, 55, 61, 63, 120, 187
Science, human value of, 131
Security, desire for, 166
Second child, 43, 50, 83, 139, 152, 154, 158 *et seq.*, 161 *et seq.*, 171, 203
Self-deception in waking life, example of, 234
Self-denials, neurotic, 196
Self-exhibition, 85
Sense functions and special developments, 116
Sex differences, ignorance of, 170
—— equality, 117
—— glands, influence of, 87
Sex relations, free, 90, 96, 125, 222 *et seq.*
——, premature, 183
Sexual factor in dreams, 57
—— fantasies, 194, 205
Sexual functions and neurotic symptoms, 97
—— life, evasion of normal, 150, 160, 172, 173, 190, 220, 221
—— life, norm of, 95
—— impulse, functional relation of, 93
—— rôle, 47, 73, 87, 89, 118
Sight, imperfections of, 116, 202
Sleep and hypnotism, 226
—— and nocturnal recreation, 216
——, awareness during, 227
——, biologically considered, 226
——, movements and postures in, 214 *et seq.*
Sleeping and waking life, unity of, 215, 226, 233
Sleeplessness, 52, 108
Smetana, 117
Smoking as defense, 127
Social activity, evasion of, 134
Social activity, effort, spontaneous, 75
—— feeling, biological basis of, 75
——life, transference to, 85
Society (life problem of), 43, 87
Speech, abnormalities of, 119
Speechlessness as defense, 121
Spelling, tendency to reversal of, 115
Spiritualism (*see* Immortality)
Spoiled child, 99, 127, 134, 149, 159, 163, 180
Stage-fright, 122, 165
Stealing, 158
Stein, Ludwig, 227
Stepmothers' difficulties, 222
Stomach trouble, 43, 46, 102, 105, 149, 153, 195
Strictness, effects of, 156
"Strong-man" fraud, 145
Stuttering, 79, 113
Style of life, 41, 48, 55, 62, 75 *et seq.*, 125, 134, 140, 163, 167, 168, 175, 203
—— revealed in dreams, 214
—— and inferiority positions, 79 *et seq.*, 87
—— and related manifestations, 102, 179
—— and sexual tendencies, 58, 87, 93, 183
Subnormal children, 44
Suggestion and hypnotism, 227
Suicidal tendencies, 103, 133, 177
Suicide, 48, 54, 66, 71, 77, 100, 134, 158
—— and drug-habit, 102
Suicide, case of, 194
Superiority, common sense conception of, 211
"Superiority complex," 141
Suspicion, 96, 118, 181
Swallowing, fear of, 153, 165
Symmetry of body and face, 115
Sympathetic nerves, 73
Sympatheticotonic type, 185
Symptoms, co-ordinated, 102, 198
——, use of, 53, 54, 81
——, diagnosis of, 122
Syphilis, 138, 227
Syphilophobia, 202

Talking learned late, 143
Tension, neurotic, 41, 52, 104, 107, 153, 164, 168, 195
Three problems of life (*see* Problems of life)
Tolstoy, 208
"Transference" and social feeling, 124
Treatment, methods of, 58, 67, 69, 80, 120 *et seq.*, 167, 221, 228
——, resistance to (*see* Resistance)
—— of homosexuality, 173
Trigeminal neuralgia, 107
Truth as a weapon, 68, 144
Twins, 151
Tympanites, 195, 200
Typical neurotic factors, 124
Tyrannical attitude, 142, 175, 216

Ugly child, 155
Unconscious and conscious, unity of, 73, 228
Undersized man, 133
Unfinished work, habit of, 159
Uniqueness, desire for, 120
Unloved child, case of, 81, 155
Unpunctuality, 159
Unsocial types, deceptiveness of, 82
Useless sports, psychology of, 187

Vaginismus, 97, 118, 222
Vagotonic type, 185
Value, criterion of, 131
——, personal, 46, 68
Vanity, 175
Vaso-motor type, 193
Vegetative nervous system, 185
Vengeance, hidden, 134, 223
Vicarious satisfaction, 193
Virginity, fear of loss of, 118
Visual types, 204
Vocational choice, 79, 183, 202, 211, 213
Vocational guidance, factors in, 211
Vomiting (*see* Emesis)
Voyeurs, 204

Washing compulsion, 160
Weakness, use of, 133
Wealth, stimulus to gain (*see* Riches, desire for)
Wernicke, 167
Whooping cough, 153
Woman, danger of despising, 90
——, attitudes to, 68, 96, 175, 196, 202, 231

Youngest child, 101, 103, 142, 146, 163, 164, 203, 219, 222

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